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ARTICLE I.

CASE OF OBSTRUCTED LABOR,

FROM AN EXOSTOSIS, AND ADHESION OF VAGINAL WALLS—OPERATION, FOR CUTTING THE STRICTURE—CRANIOTOMY AND DELIVERY—DEATH ON THE FIFTH DAY.

REPORTED BY G. W. PHILLIPS, M. D. OF DIXON, ILL.

Before giving the particulars of this case, it will be necessary to give a description of the first labour, with the circumstances that led to the chief complication, (the occlusion of vagina) the facts being furnished me by Dr. N. W. Abbott.

A year and a half ago, Mrs. McG—— had her first labour; the labour was obstructed by the narrowing of the antero-posterior diameter of the superior strait, by a tumour (probably an exostosis) growing from the promontory of the sacrum and last lumbar vertebra—the labour not being completed until the fifth day; the second stage occupying more than forty-eight hours. The head presented in the first position, and as the pains were strong, and exhausting, the attending Physicians performed craniotomy, afterwards ergot was given, then forceps used; convulsions occurring, an attempt was made to turn, all however without success. At this stage, the patient was seen by Dr. Abbott, who found her having frequent con-

vulsions and unconscious; the head partly collapsed, was lying in the pelvic cavity, with one foot by its side; returning the foot above the head, he soon delivered with the blunt hook.

The patient was left in a very prostrate condition, and unconscious, her Physicians not expecting her to live but a few hours; she was however, in a few days reported as doing well.

Danger from adhesions of vaginal walls was pointed out to her consequent upon sloughing from long continued pressure of head; and the necessary treatment proposed; the patient however refused to be treated; consequently adhesion of vaginal walls took place.

Within nine months, she again became pregnant. During the early months she was examined by several physicians who were unable to pass a small probe beyond the stricture, there seeming to be complete occlusion of vagina. An operation was advised, but refused.

Such were the complications attending the second labor of Mrs. McG., to which I was called by Dr. Abbott, in consultation, the morning of the 10th of November last. Age of patient, twenty-five; stout, hearty looking Irish woman.

Labor commenced twelve hours previously; pains regular, and gaining force; upon examination, we found, two inches within the vagina, a thin, firm fold or band encircling the entire circumference of the vagina, and into which the end of the finger could barely pass, the edge feeling tense and sharp; the pains growing stronger; the stricture soon dilated so as to admit the finger into the cavity of the pelvis, finding the os largely dilated, and head engaging in superior strait in second position; the liquor amnii having already been evacuated; it was evident that the labor could be successfully terminated only by the dilatation or rupture of the band, by pressure of the advancing head, or by division of the stricture with the knife. After waiting several hours to observe the dilatability of the stricture, or to see if the border would give way, the stricture having dilated so as to admit two fingers breadth, the border becoming very tense, pains heavy, and fearing rupture of vagina above the stricture, we decided to cut the band.

By a careful examination, the stricture was found to be well

defined, and formed by adhesion of the mucous membrane only; the thickest and densest part being upon the right side of vagina. Giving the patient chloroform, the band was cut transversely and to the right, the band immediately spreading apart so as to admit three fingers breadth; the pains continued regular and strong, the head slowly advancing and dilating the band, until midnight, when they gradually became weak, so that by next morning they were inefficient to advance the head.

The passage of the head through the superior strait was delayed, not only by the narrowing of the strait, but by the uterus being tilted to the right by the exostosis, and kept there, so that the axis of uterus and strait did not correspond, the force thus exerted by uterus being wasted. Ergot was now given, causing the pains to become stronger, bringing the head to engage in inferior strait; the strait again becoming tense, was again cut, expanding so as to give sufficient room for head to pass; the head advanced, beginning to form the perineal tumor, when symptoms of exhaustion, which had shown themselves for the last six hours, became very evident; pulse quick and growing weaker, tendency to syncope; on being raised in bed, the pains becoming slight, inefficient and exhausting.

We had for several hours suspected that the child was dead, as the fœtal heart could not be heard, and the fluids from the vagina were very fetid; these signs added to the fact that no tumour formed on scalp, and bones of cranium shut fast, so as to close fontanelles made it pretty evident that the child was dead, and had been so some time. As the life of the child was out of the question, it was clear that artificial delivery must be effected speedily; accordingly craniotomy was performed, brain broken down, and head delivered by means of blunt-hook. By traction upon cord placenta soon followed, uterus contracted down well; the child was large and fully developed, the color of cord and membranes was a dirty yellow, the cord was soft and crepitated between the fingers—evidences of putrefaction. The substance of placenta was softened and easily torn, but not decomposed as much as cord; the child showed no marks of decomposition.

The death of the ovum probably took place within a few weeks of labor; what could have produced the death of the ovum is difficult to say; there was no structural degeneration of placenta, cartilaginous or otherwise; no induration from deposit of lymph in substance of placenta, or deposit of lymph upon its surfaces, showing evidence of inflammation; placenta of usual size.

The labor occupied forty-two hours, twelve hours for first stage, and thirty for second.

The patient was ordered stimulants and opium, and left in a favorable condition, except exhaustion, from a prolonged second stage. Forty-eight hours after, when seen by Dr. Abbott, she was still weak, pulse quick, otherwise comfortable; the uterus about the size of one's head, but contracted down; upon applying pressure coagula were expelled. Forty-eight hours from this time, Dr. A. was sent for, as twelve hours previously the patient had had a chill, the cabin being cold and damp, in consequence of there having been a big washing in it on that day. The Dr. found her unconscious, skin cold, pulse thready and weak, pupils dilated, respiration weak, no tenderness or fullness of abdomen; uterus contracted down well; she died twelve hours after. No post-mortem examination.

What was the cause of death? She did not die from inflammation, as a result of an obstructed labor, and the operation for cutting the stricture; nor of exhaustion, from a prolonged second stage, as the symptoms, at no time, previous to the chill approached a collapse. I can find but one probable cause of death, and that is the absorption into the blood of a poison from the putrefying cord and placenta, prostrating the nervous energy so completely, that reaction did not take place after the initiatory chill, which if it had, the phenomena would have been those of puerperal fever.

QUINA IN FEBRILE EXACERBATIONS.—The veteran, Dr. Cartwright of New Orleans, in a letter published in the Medical Journal of North Carolina, claims the origination of the use of Quina in large doses in febrile exacerbations. In April, 1826, he recommended this now standard practice, particularly in Pneumonia Biliosa.

ARTICLE 2.

CASES OF DISEASE OF THE LOWER JAW,

FOR WHICH RESECTION AND REMOVAL OF THE PAROTID AND SUBMAXILLARY GLAND WAS PERFORMED.

BY DANIEL BRAINARD, M. D.,

Prof. of Surgery in Rush Medical College, Corresponding Member of the "Society of Surgery," Paris; of the Medical Society of the Canton of Geneva, Switzerland, etc.

The removal of parts of the lower jaw for necrosis must be an operation as old as the science of surgery. Every surgeon has had occasion to remove pieces of the bone, either its alveolar processes, its body, its condyle, its ramus, or its coronoid processes. I have myself removed all these parts, and some of them many times. Neither is the removal of the whole of the bone when necrosed, a very new, rare or difficult operation. As early as 1817, a case was reported in the Memoirs of the Academy of Surgery. Since that time, numerous instances have occurred when it has been repeated. I have examined the jaw removed by Dr. Carnochan, and found that the body and chin necrosed. In the case of Dr. James Wood, the whole of the bone was, I believe, in that state.

The removal of a considerable part of the bone for disease, whether enchondroma, osteo-sarcoma, or other tumors, is quite another and more difficult operation. I am unable to say by whom it was first performed, but the credit is generally given to Dr. Diedrich, of Kentucky. Dupuytren performed it, it is said, as early as 1812. And Dr. Mott, in 1822, removing a much larger portion. Since that time, cases are counted by hundreds, and there are few surgeons who have not contributed more or less of them.

I have three times dis-articulated the lower jaw, removing twice a little less than half, and the other just half of it. In each case, the parotid gland, or what remained of it after being subjected to the pressure of the tumor, was removed.

Case 1. This was published in the American Journal of Medical Sciences for October, 1853, but is re-published here on account of the local interest which is at this moment attached to the subject among a small circle of physicians in this city.

"W. S., æt. 32 years, formerly of good constitution, first perceived in October, 1850, that the movements of the lower jaw were imperfect. Soon after, he noticed a swelling at the left side of the articulation. It was hard, unattended with pain or discoloration, and increased slowly. In February, 1852, an abscess formed upon the side of the neck, below the angle of the jaw, from which, when opened, a fistulous passage leading to the bone, remained. Some months afterwards, another abscess formed in front of the ear, from which pus and saliva were discharged. Another formed upon the zygoma. During the whole of this time, the patient's health was not materially impaired.

He was treated principally with different preparations of iodine, internally and externally.

Present state, Jan. 19, 1853. There is a hard tumor, extending from the temple above, below the angle of the jaw, and from the middle of the cheek to the ear. It is very prominent and irregular, and has on its surface three fistulous openings, corresponding to the situation of the abscesses. They were found to converge toward the articulation. The mouth could be but slightly opened, but enough to enable me to perceive that the tumor encroached upon the fauces and pharynx. There is pain most severe at night. When he eats, the saliva flows freely from the middle fistula. His health is good, no sallowness, and only a little emaciation, which dates from about a month.

Operation performed Jan. 27, 1853, with the assistance of Drs. Herrick, Freer, and Morfit, as follows:

The patient having been placed under the effect of chloroform, a curved incision was made, commencing an inch above the zugoma, carried down in front of the ear over the angle of the jaw, and brought forward as far as the side of the chin. The flap was raised, and the integuments dissected up from the surface of the tumor behind.

The bicuspid tooth of the same side was extracted, the tissues detached from the jaw, and the bone divided with a chain saw.

At this stage of the operation, it was necessary to allow the

effects of the chloroform to pass off, as the flow of blood into the mouth and throat rendered it necessary that it should be constantly ejected.

The separation of the tumor below and within was next effected, as far back as the mastoid process, against which it was placed.

An attempt was now made to turn it upwards, but it was still almost immovable, and it was necessary to attack it from above.

The temporal muscle was divided, the zygomatic arch cut away at its anterior and posterior extemities, the masseter muscle divided, and a chisel and mallet used to separate the articulation; but the bones were so confounded together, that a part of the glenoid cavity was cut away. A lever being inserted behind the tumor, strong efforts were made to turn it forward, but without success. It was then attacked from within; the pterygoid muscles, which were semi-cartilaginous, were divided at their attachment to the pterygoid processes. The mass was then raised from its position, and its remaining adhesion separated.

The vessels which gave blood were very numerous. The facial, lingual, external carotid, and numerous smaller branches, required the ligature.

The ninth pair of nerves, the portio dura, and the dental branch of the lingual were divided.

On examining the wound, it was found to lay bare the cornu of the os hyoides, the mastoid and styloid processes, and the transverse processes of the cervical vertebræ. The internal jugular vein and the internal carotid artery were seen at the bottom of the wound. The temporal fossa was excavated, the muscles of the tongue and pharynx laid bare. The parotid gland had been partially obliterated by pressure, and no trace of it now remained.

The wound was brought together by stitches, and cold water dressings applied. A full dose of opium was administered. The operation, which lasted an hour, was well borne.

After treatment. No symptoms requiring especial notice occurred. The ligatures were all removed by the tenth day.

The wound had adhered throughout, excepting at the point where the ligatures prevented.

Dec. 5. The patient's health is good. He can sit up and walked about, but requires an anodyne at night, on account of pain.

July 17. There still remains a fistulous opening, leading to the situation of the glenoid cavity, through which a small piece of bone has been discharged. The lower jaw has fallen so much to one side that the patient cannot masticate. He is emaciated, and appears to be suffering from inanition, resulting from insufficient nourishment. He still requires anodynes to procure rest at night. There is no appearance of return of the disease.

On examination of the tumor, the bone seemed greatly enlarged in every sense, the ramus of the jaw and the angle were four times their natural thickness, the condyle partially absorbed and altered in shape. This mass, which had the appearance of bone, and from which the periosteum could readily be separated, was so soft as to be easily transfixed with a sharp instrument. The surrounding tissues were infiltrated with serum, and had an appearance like firm jelly, but after maceration, presented no appearance of morbid deposit."

Case 2. Silas Lattimer, American, aged 27 years, applied at the college clinic, Nov., 1857, on account of an enlargement of the left side of the lower jaw. It had been first perceived about two and a half years previously, when the teeth of that side became painful, loosened, and were removed. By degrees the tumor increased in size until it assumed the appearance presented in fig. 1.

The operation was performed on the 28th November, in the same manner as the preceding case, except that a little more than half the jaw was removed, including the condyle and symphysis. The patient bore the operation well, although from the liability of the blood to flow into the air passage, chloroform could be but imperfectly used. There was considerable tendency to suffocation from the falling back of the tongue on the division of its anterior attachments, but this soon ceased. He did well, and was able to return home Dec., 7th, with the wound nearly healed.

On examining the tumor, it was found to contain a soft, brain-like matter, which seemed to have been developed in the centre of the bone. It exhibited the cancer cells in a very marked degree of development with the microscope. The cavity left corresponded, in every respect, with that in the preceeding case, and the same vessels and nerves were divided.

Fig. 1.

March 12, 1858. I received the following note from him, accompanied by a daguerreotype, from which Fig. 2 is engraved. It will be seen that there remains but little deformity, although the muscular nerve of the face was necessarily denuded.

Fig. 2.

WILMINGTON, March 12, 1858.

DR. D. BRAINARD: Sir—I send you my figure, which was taken March 8th. The cut is not entirely healed yet. Two pieces of bone came off the end that was sawed off. I think the *disease* was all taken out, as the slivers appeared sound.

Yours with respect, SILAS LATTIMER.

CASE 3.—Mrs. C., aged 31 years, consulted me April 28th, 1858, on account of a tumor situated on the lower jaw. The appearance of it at this time is well represented in the figure. It follows the natural outline of the jaw extending from the zygomatic arch to the middle of the base of the jaw, backward to the mastoid process. It was of stony hardness, not painful nor discolored.

Fig. 3.

History.—In November, 1857, Mrs. C. had a *tooth-ache*, for which

the wisdom tooth was extracted, after which considerable swelling of the whole of the right side of the face occurred, accompanied with much febrile reaction. When this subsided some enlargement of the bone remained, this has gradually increased until the present time.

Operation.—This was performed May 1st, 1858, with the assistance of Doctors Powell, Durham, Winer and several students. The method followed was so nearly that adopted in the preceding cases that details are unecessary. The zygoma was removed, the pteregoid muscles were divided close to their attachment to the processes. The tumor was so closely adherent to the styloid process, that this broken, the parts were very vascular and many ligatures were required. The external carotid artery was divided and tied.

August 30. Wound nearly all healed by the first intention, patient taking food freely and free from pain.

September 8. Returned home in good health and with little deformity. Figure 3 represents her appearance at that time. At the present time of writing, this March, 1858, there has been no return of the disease.

I have removed parts of the lower jaw for tumors of various kinds, in a large number of cases, of several of which no record is preserved. The following two cases are among the most remarkable.

Case 17.—Ole S——, Norwegian, aged about 45, entered the Mercy Hospital August 23d, 1855, with a cancerous tumor involving the anterior part of the lower jaw. The history of the case as far as could be learned, was as follows:—About one year previously he had a pain and looseness in the incisor teeth of the lower jaw, for which he had several extracted, soon after there sprung up from the several sockets, a fungus growth which was cut away, this was speedily reproduced, and about six months prior to his presenting himself at the Hospital this was removed by an operation, the alveolar process, and a part of the upper edge of the jaw being removed by a saw. The wound cicatrized and for a time a cure seemed to have been effected, but in a few weeks the disease reappeared, and at the time of his entrance into the Hospital

presented the appearance of an enlargement of the bone in every direction, pushing back upon the tongue and rendering swallowing difficult. Upon the upper surface were several holes and irregularities exhibiting unmistakable signs of cancerous humor to the present time.

Fig. 4.

Operation.—An incision was made from one angle of the jaw to the other, along its base and across the chin, one flap was dissected upwards and another downwards, the mouth being laid open by the former dissection. Section of the bone was made on each side by means of the chain saw, behind the last molar tooth. The hemorrhage was severe and eight arteries required ligature. At the moment of severing the anterior attachments there was a tendency to strangulation from the tongue falling backward, this was relieved by an assistant holding the tongue forward for a time, and afterwards by placing the patient on his face, which position he was obliged to keep for several days, particularly when sleeping.

The patient was kept fully under the effect of chloroform, and bore the operation well.

On cutting into the tumor it was found to consist of a firm mass surrounding the bone resembling schirru, cracking under the knife. No cancer cells were found by the microscope, fibres, blood globules and granular matter, which seemed like coagulated albumen, were the principal elements observed.—At the point where the tooth had been extracted, there was a considerable cavity containing reddish pus and blood, otherwise the tissue of the bone was but little altered.

In this case not only the part of the jaw as far forward as the biscuspid tooth, but all the parotid and sub maxillary glands were removed. They were both diseased, and so firmly adherent to the tumor that they could with difficulty be separated from it. The parotid particularly found a part of the diseased mass.

ARTICLE 8.

DIPHTHERIA.

BY W. GODFREY DYAS, M. D., CHICAGO.

[Continued from Page 22.]

In the treatment of all epidemic diseases, the science and practice of therapeutics must be subordinate to the prevailing medical constitution.

The external agents that concur in the formation of the atmosphere, and which are in relation to the animal economy, are collectively termed the *atmospheric constitution*. Now certain modifications are impressed on the organism by these agents either suddenly and violently when they are exaggerated in degree, or more slowly and continuously, though less in degree.

To the former, may be traced the cause of various inflammatory affections of internal organs; in the latter, a less marked, yet more prolonged action, whether accompanied or not by some new element in addition to the usual elements of the atmosphere, may determine successive and special changes in the system. It is to these changes thus effected, that the phrase *medical constitution* is applied. It is the transition state between health and positive disease. A state not clearly expressed, yet notwithstanding seen through the attendant derangement of the digestive organs, oppressed nervous centres and general sense of indisposition that prevail. The whole system is acted on as the result of the slow, gradual and steady operation of a peculiar medical constitution; for not one organ only, but every apparatus of the economy, to a greater or less extent, partakes of an altered state of existence. Thus, what ever the medical constitution may be, we know it by its effects, impressed as they are, more or less, on the greater number of those who come within the sphere of its action. Yet some are much more susceptible of the impression than others. A few peculiarly constituted and some whose organs have been

habituated to this abnormal state, may not respond; but they constitute the exception, not the rule. *

Previously to the appearance of cholera in London about 28 years ago, Dr. Prout had found there the oxalic diathesis of unusual occurrence, but when that disease appeared he remarked that the urine of every individual examined, whether in apparent health or otherwise, assumed that peculiar appearance which he had been accustomed to consider as characteristic of the presence of oxalic acid. † Others complained of derangement of the digestive organs, with tendency to diarrhœa; many experienced nothing but *malaise*. These were but several modes of expression, of the prevailing medical constitution, which when fully developed constituted the *epidemic constitution*. Something similar may be seen during an epidemic of scarlatina, when there will be a general predisposition to sore throat, even amongst those who previously had the exanthem.

The modifications of the external world, and their consequent action on the organism are infinite; and if thus infinite, medical constitutions which are but the representatives of this action, will be equally numerous, and thus give rise to as various indications of practice.

Thus the epidemic dysentery in France in 1661, was almost invariably cured by vomits, whereas the same remedy in the dysentery of 1666 was as invariably followed by serious results. *

The typhoid fever epidemic in Ireland between the years 1820—30, admitted of bleeding and depressing doses of antimonials, whereas the same disease when epidemic in that country in 1847, imperatively demanded a treatment the very reverse. ‡

The disease which at present more immediately occupies our attention, is one to which the above prefatory remarks, which reflect the opinions of the distinguished editor of the Gazette Medicale, will especially apply. In some essays and papers on the subject of Diphtheria, we occasionally find wri-

* Gazette Medicale, 1853. † Prout on Stomach and Renal Disease.
‡ Mills on Fever.

ters altogether deny the Diphtheria of Bretonneau's day to be that of a more recent period; evidently not allowing for the distinctive traits of epidemics as they appear at different times and places; and forming a judgment apparently from the result of merely their own individual and therefore limited experience, affect to ridicule the practice of others. The disease is essentially the same as it was then, but accidental circumstances have modified it, and a knowledge of these will be the key to its successful treatment.

Diphtheria has been seen under a croupal form; has been also seen in its most malignant type without croup; and again where little more than *malaise* and slight soreness of throat, with indistinct manifestation of false membrane were the symptoms. Now it will be invariably found that the more croupal the symptoms, the less asthenic will be the disease; whereas in the malignant form uncomplicated with extension to the larynx, the contrary obtains. This will, to some extent explain Bretonneau's advocacy of calomel in Diphtheria. Dr. Meigs approved of it. In addition, he recommended general bleeding, and yet he had considerable success. Others have also used calomel and recorded their approval of it. We must suppose that in these several instances, each particular medical constitution of the day carried with it peculiar therapeutic indications which experience alone taught physicians to fulfill.

As Diphtheria has appeared of late, and to such we mean to confine our remarks, we cannot think favorably of the administration of mercury. Even before the disease explodes, it will have been preceded by a depressed state of the system, an altered condition of the blood and a predisposition in the organs to receive a still further morbid impression; for it must be remembered, that a previous medical constitution had been in operation, diminishing the capability of resistance on the part of the system, and thus preparing it to admit of disease. In such a state of things, calomel unless it positively neutralizes some morbid material, or counteracts some morbid action in the blood, is incapable of effecting anything but mischief. We are not aware of any writer recommending its administra-

tion in Diphtheria with either view. Nor does the record of cases detailed of late lead us to infer that such effects followed its exhibition. The most that has been proposed, is to change the action of the capillary system and thus to control the formation of the false membrane, or to lessen plasticity of the blood, and in this way to rob it of the material exuded on the surface of the mucous membranes.

But a *direct* action effected by mercury on the general capillary and absorbent systems, is though a long cherished yet an erroneous opinion. Mercury *indirectly* promotes absorption and counteracts effusion by impoverishing the blood and depriving it of its fibrin, albumen and corpuscles. Thus, the material of which the effusion consists is diminished, and if the latter had been already poured out, the absorbents, in order to restore to the blood an ingredient, of which the system feels the want, will, in obedience to some law of adaptation, take up nutritive matter wherever they can find it.

The exhibition of mercury in Diphtheria with this view, is based on a supposed analogy to croup. The two diseases, though having some features in common, are however essentially different, and besides, the points of difference are so striking and involve such important considerations, as altogether to forbid similar treatment. In croup, there is increased fibrin in the blood, not a putrid crasis nor a tendency to it, as in Diphtheria; in the one, there is the sthenic type of fever, in the other, a typhoid, or even no fever whatever; the former is not preceded by a depressed, nor followed by a cachectic state; these conditions more or less usher in and supervene on the symptoms of the latter. Alkalies, salines, quinine and iron, have each their advocates in Diphtheria. Alkalies are recommended with the view of diminishing the fibrin of the blood; but it has been already shown that the disease may be complicated with scurvy, an affection in which there is a surplus of alkalies, with a deficiency of fibrin in the circulation; and nevertheless Diphtheria has declared itself, thus falsifying the theory on which the recommendation is based.

Chlorate of Potash is a favorite remedy with many. Generally employed empirically or on the supposition that there

is here a deficiency of the oxygen required for the maintenance of the vital force, and that a necessity exists for raising the amount to the normal standard. A few imagine that the potash when set free from its state of combination, dissolves the fibrin, from which they apprehend all the danger; but, from what has been already stated under the head of alkalies, it is evident this opinion cannot be maintained. The former view is advocated by some who have, as they conceive, derived benefit from its exhibition in affections allied to this by their more prominent general symptoms, and in connection with which, typhus fever and consecutive anæmia indicated some loose analogy. In order to explain its *modus operandi*, they suppose the Chlorate of Potash having been absorbed and decomposed in the blood, yields out of 245 grains, about 149 grains of the Chloride of Potassium, one of the constituents of blood; and 96 grains or 281 cubic inches of oxygen. This oxygen in its nascent state, in the act of separation, is in the most favorable condition to combine with matter within the sphere of its action. As it is assumed therefore, that there is in Diphtheria a deficiency of oxygen in the blood, it is conjectured that this deficiency is thus supplied. Perhaps after all, it is very much a matter of conjecture how Chlorate of Potash acts on the human organism, and on the whole it is doubtful if it possesses a great deal of therapeutic value in Diphtheria. It may be prescribed in combination with some bitter infusion, whether cascarilla, gentian or bark, in doses of from 10 to 30 grains, according to the age of the patient.—Mr. Lambden (*Lancet, Nov.* 1858) prescribes Chlorate of Potash in combination with hydrochloric acid, so as to have free chlorine in solution. He directs ʒ ii of Chlorate of Potash to be finely powdered, on which ʒ i of diluted hydrochloric acid is to be poured. As soon as the whole powder assumes a yellow color and the fumes of chlorine begin to arise, ʒ viii of water should be instantly added, by which the escape of chlorine is prevented. This may be given in the dose of a tablespoonful every one, two or three hours, according to the urgency of the symptoms.

Emetics are occasionly serviceable, especially in young chil-

dren, at the period of invasion of the disease and when the false membrane extends to the trachea. They should never be omitted when together with fever, there are foul tongue, want of appetite, and nausea early in the complaint. For very young children, perhaps some preparation of squill will be the best emetic in Diphtheria. Owing to their depressing effects, neither antimony nor ipecacuanha should be used. Alum as employed by Dr. Meigs, in doses of a teaspoonful every ten, fifteen or twenty minutes, is a certain and speedy emetic.—The Subsulphate of Mercury (*Turbith Mineral.*) recommended by Dr. Hubbard of Hallowell, Maine, is a prompt and certain means of producing emesis. It never induces catharsis, and is not followed by prostration. It may be given in doses of from two to three grains to a child of two years, and repeated every ten or fifteen minutes until vomiting takes place.—Both alum and turbith mineral are well suited to children above one year old. They are simply irritant, and like others of the same order of emetics, cause vomiting without depressing the nervous system, as antimony and ipecacuanha invariably do, from the sedative effect they exert on the vagus nerve.

Independently of their removing morbid secretions, emetics seem to effect some change in the nervous system that controls and directs the physiological transformations of the blood, and when these transformations are abnormal, the deviation from the healthy state may be corrected or modified by some impression resulting trom such change. But it is on stimulants and tonics that the chief reliance, at least in our present state of knowledge, must be placed in the treatment of Diphtheria; topical applications to the fauces being at the same time em ployed as auxiliary to the general treatment. From the commencement of the attack, wine and nourishment should be liberally supplied. This cannot be always easily effected, as the child dreads the pain caused by deglutition. Then recourse must be had to enemata of broth conjoined with quinine and brandy. An enema of two ounces of strong beef tea with a tablespoonful of port wine may be given every second hour, and in the same way from three to five grains of Sulphate of Quinine every fourth hour. These quantities are adapted to chil-

dren of from two to four years of age. Some practitioners depend more on quinine than on iron. Unfortunately in a great majority of severe cases scarcely an opportunity is afforded to develop the good effects of either, as under every circumstance they are both slow in manifesting their action.—Some cases of Diphtheria appear rather injured than benefited by quinine. When the tongue is foul and the stomach irritable, it is better to withhold it, or should it have been begun with, to suspend it, than persist in its administration. Loss of appetite, soft compressible pulse, tremulous tongue, languor and subdued expression, are indications for its exhibition. When a foul tongue and nausea forbid its immediate use, an emetic should be at once given, which will be likely to prepare the system for its reception. The best tonic perhaps that can be used in this complaint, is the bitter wine of iron as prepared by Mr. Thompson. It contains one grain of Wetherell's precipitated extract of bark and two grains of citrate of iron in a teaspoonful of sherry wine. Some prefer the tincture of the sesquichloride of iron in doses of ten to fifteen drops every third or fourth hour.

Whilst treating a case of Diphtheria, it must not be forgotten how frequent a sequela of this disease anæmia proves. By bearing this in mind we are possessed of the key to the management of those several consecutive disorders that betray derangement of the circulation and nervous system. Purpura, dropsy and paralysis may still have to be encountered, and by no means can they, so efficiently, as by preparations of iron. In whatever the *materies morbi* of the disease may consist, it has at least one action easily appreciated by its results, it invariably diminishes the hæmatosin of the blood below its normal standard, and lessens the amount of the blood-corpuscles. Now iron is essential to the chemical constitution of hæmatosin. These considerations lead to the conclusion that as a part of the morbid process consists in reducing the amount of a necessary constituent of the blood, the supplying this constituent may, if it cannot altogether prevent evil, at least prevent its being fully developed or favorably modify it in its development. It may thus be said that in Diphtheria iron produces an action

contrary to a diseased one, yet there is no reason to suppose that it directly neutralizes the morbid action.

In treating a case of Diphtheria, local applications should by no means be omitted. Nevertheless, it ought not to be forgotten, that the disease is constitutional, and that the exudation on the fauces is merely a local manifestation. Still local applications will retard and even limit the extension of the false membrane, which by plugging up the respiratory passages may cause death. Thus they are of use, but otherwise, they are unavailing in influencing the progress of the general disease. An unmerited importance has been given them by writers, who frequently assign them in this disease a higher place than they allow to the general treatment. The principal topical remedies are the nitrate of silver, hydrochloric acid, tincture of sesqui-chloride of iron, and the chlorides of lime and soda. Nitrate of silver ought never to be applied except in solution; its application in substance has occasionally had most serious consequences; perhaps a solution of 30 grains to the ounce will give whatever benefit is to be derived from it. Hydrochloric acid may be used undiluted, or where young children are the subjects of treatment, the acid may be mixed with an equal quantity of honey. Monsell's salt of iron is a safe and manageable topical application and has been found most useful.

The paralysis so frequently consequent on Diphtheria is dependent perhaps as much on the absence of what is necessary to the due excitation of the nervous centres, as on the superadded influence of some positive materies morbi. It bears a striking resemblance to what is termed chlorotic paralysis so well described by Sandras, (*Gazette des Hopitaux, Janvier*, 1855,) and like it does not arise from a lesion of the nervous tissue. A knowledge of this fact guides us to correct therapeutic indications. The blood must be supplied with its normal proportion of hæmatosin, and this is to be effected through the agency of preparations of iron. Generous and supporting diet is not to be omitted. Sulphur baths, electricity, preparations of zinc, and valerian, are occasionally valuable auxiliaries.

In conclusion, it is to be observed that there is scarcely any case of this, or indeed of any other disease, which does not from its peculiar features require modifications of treatment that can only be determined by the judgemnt of the person in attendance, but we lay down the following summary of treatment as that which will be found most generally applicable in a large majority of cases. Early in the attack the administration of an emetic—then a gentle purgative of some mild preparation of mercury and rhubarb, and the application of a 30 grain solution of nitrate of silver to the fauces. Immediately after the bowels shall have been moved, tincture of sesqui-chloride of iron should be commenced with, alternating the doses with port wine and beef tea, and at the same time the throat may be enveloped in flannel steeped in some stimulating embrocation. Some prefer a large poultice of chamomile flowers, whilst others object to all moist applications of this kind. Under no circumstances whatever should leeches or blisters be applied, as they not only tend to still further depress the system, but are apt to be followed by cutaneous Diphtheria.

ARTICLE 8.

PHYSIOLOGY OF THE CIRCULATION.

A recent lecture, by John C. Dalton, Jr., M. D., on the above topic, published in the N. Y. Monthly Review, presents several points worthy a reprint.

Among others are the effects of a stoppage of respiration on the circulation—especially through the arterial system and cardiac cavities. As is usually described, the disturbance which results is principally because the blood finds a difficulty in passing through the lungs, and so distends the right auricle and great veins, and finally presses back on the capillary system. Experiments of Dr. Dalton show that it is not the great veins that become distended after the stoppage of respiration, but that the arterial system first becomes distended then the aorta, then the left cavities of the heart.

By artificial respiration kept up on a dog poisoned with woorara, Dr. Dalton observes that: "when the lungs are allowed to collapse unærated blue blood passes through the lungs, so that the blood in the left auricle is completely dark colored in thirty seconds"—that, "there is a slight swelling of the right and left cardiac cavities, soon after suspension of respiration"—that, "the pulmonary artery and aorta are also distended at this stage," and that, "there is no sensible distension of the vena cava." The unærated blood passes through the auricle and ventricle, the aorta and arterial system to the capillaries which "will not allow it to pass."—Stagnating in the capillary system "the blood begins to exert a backward pressure on the arteries. From the arterial system the engorgement extends to the aorta, and from the aorta to the left cavities of the heart. This state of things continues as long as the action of the ventricle continues sufficiently vigorous to give the blood an impulse towards and into the arteries. But the continued distension the heart suffers, soon begins to paralyze its action more effectually, and at the same time it can be seen that the engorgement of the arterial system diminishes, while that of the heart increases. The regular rythmical action of the left ventricle stops, it no longer discharges any blood into the aorta; and the aorta and arteries generally, by the elastic resiliency of their own walls, and the slow passage of the venous blood through the capillaries, gradually relieve themselves of the load which they contained, and return to their original size."

The effect of post mortem contraction of the cardiac fibres is to obliterate the cavity of the left ventricle and empty it of its blood. The blood is forced into the venous system and into the right side of the heart. This is the appearance a few hours after death.

Powder Marks.—Prof. Busch, of Rome, recommends as a local application to remove grains of powder imbedded in the skin after powder wounds, a solution of Corrosive Sublimate gr. v. in aq. ℥ i. On the removal of the scabs after pustulation by this agent, the grains come with it, and the subjacent surface is left smooth and healthy.

Miscellaneous.

SEVERE HÆMORRHAGE FROM THE TONSIL ARRESTED BY THE SOLUTION OF THE PERCHLORIDE OF IRON.—The following case of severe hæmorrhage admirably illustrates the beneficial effect of the perchloride of iron as a stypic. Mr. Henry Thompson was called to see it at the Marylebone Infirmary, at midnight, on the 22d ult., and took with him a bottle of the solution of the perchloride of iron (*French Codex*) and a glass brush. He found a woman propped up in bed, pale and almost pulseless, with a large vessel of coagulated blood at her side, and the bedclothes bespattered in every direction. She could not speak so as to be understood, and finding that she was bleeding from one or both tonsils, Mr. Thompson passed his finger into the fauces and discovered a small opening, as if from an incision previously made, in the front of the right tonsil; blood was evidently flowing fast from it. Binding a piece of lint round the entire left forefinger, so as to form a mop, pressure was kept upon the wound, until he could apply the solution, which was done freely two or three times. This at once arrested the bleeding, which recommenced in a quarter of an hour, and was again stopped by the same plan. There was no return after this, and she is now recovering rapidly.

In default of the aid thus rendered by the stypic solution, Mr. Thompson had made up his mind to tie the caroted artery; but the efficacy of the treatment was so striking, that the operation was not required.—*London Lancet.*

EPISTAXIS OF ALARMING CHARACTER ARRESTED BY INJECTIONS OF THE PERCHLORIDE OF IRON.—*By E. J. Fountain, M. D., Davenport, Iowa.*—I am induced to publish the following case from reading the report of "Death from Epistaxis," occurring in the practice of Dr. Triplett, of Virginia.

About two years ago, I was summoned in haste to see a young man who was reported to be in a dying condition from loss of blood. The bleeding had continued uninterruptedly for about thirty hours, escaping constantly from the nostrils, and frequently thrown out in clots from the posterior nares.

He had been attended by a German physician, who had not succeeded in arresting the hæmorrhage, and before my arrival he had abandoned the case, from motives which I need not here mention.

I found him in a frightful condition, his face, hands, linen, and much of the bedclothing, and the floor, being covered with blood. In one corner of the miserable apartment, where many people were crowded, was a pile of rags and towels, saturated with blood.

He was so impoverished that he could not support himself in an upright position, and the extreme pallor of his skin and colorless lips indicated plainly that he had lost a large quantity of blood.

I immediately plugged the nostrils, anteriorly and posteriorly, in the usual way. I supposed this would arrest the hæmorrhage, but I was mistaken. Very soon the blood escaped through the plugs in each direction, and the flow returned as profuse as before. I then removed the plugs, and rolling up two quite large pieces of fine, dry sponge, I introduced them as before, and so firmly, that I thought it would be impossible for a drop of blood to escape. I then left him, and returning an hour after, I was astonished to find the blood escaping as freely as ever. I again removed the plugs, and washing out the nostrils by injections of cold water, I pressed into each a roll of *tannin*, made into a soft mass with a little water and glycerine; I packed the nostrils full of this, but it did no good. I then introduced the plugs a third time, using compressed sponge, and forcing them in so firmly, that I feared I might have great difficulty in removing them. I then had ice applied constantly to either side of the nares, and kept the patient perfectly quiet. This answered the purpose for about half an hour, and then the bleeding returned as bad as ever. By this time the patient experienced the alarming symptoms of excessive loss of blood—ringing in the ears, occasional blindness, etc. The case looked desperate to me, while the patient, and even some of his friends, protested against further effort, as useless and cruel. I saw that it *must* be checked very soon, or it would surely be fatal. I removed the plugs with some difficulty, and washing out the nares, I passed into each a piece of nitrate of silver, about a quarter of an inch in length, carrying them back with the forceps about four inches. I also introduced a curved injecting instrument, perforated towards its extremity with a number of small openings, and forcibly injected a strong solution of the same caustic. This did no good.

It now occurred to me that the perchloride of iron might answer the purpose. I soon procured it, and after washing out the nostrils as before, I injected a quantity of the undiluted perchloride into each nostril. This immediately checked the bleeding, and proved an effectual remedy.

Twenty-four hours after this the bleeding again returned, when I repeated the injections, and with the same happy effect.

There was no recurrence of hæmorrhage after this, and the patient soon recovered so as to go about, but for quite a long time, felt the effects of the loss of so much blood, which had been so excessive as to leave him but a very slender hold upon life. I know not in what other way it could have been saved; and the publication of this may be the means of rescuing others in similar circumstances.—*Amer. Med. Monthly.*

EXCERPTS FROM THE MEDICAL PRESS.

BY J. A. A.

The medical journals of the country are exhibiting a very laudable activity in collating the more recent and reliable experiments and observations, and the results of *experience* in practice, to the prominent exclusion of merely speculative essays.

In the experimental department, the indefatigable M. Bernard still illustrates both industry and sagacity, and attracts general notice. From his recent experiments upon the "Quantity of Oxygen in the venous blood of glandular organs when in activity and repose," we extract the following: (translated by Dr. E. Warren, *Med. Jour., N. C.*)

"These experiments demonstrate that the red venous blood of the kidney (and it is presumable that the same is true of the other glandular bloods) differs from ordinary blood, in that it is not *deoxydized*. Thus is our original hypothesis verified, in as much as this blood preserves the characteristics of arterial. However, if this is true for the proportions of oxygen discovered therein, the proposition is not absolutely exact. In fact, the red glandular venous blood contains much less fibrine than the arterial; there is less water in it, because that of the secretions has been substracted; and also, it is more susceptible of alteration (decomposition), that is to say, it becomes spontaneously black much more rapidly when exposed to the atmosphere.

However this may be, in observing for the moment the veritable object of our research. *i. e.*, what concerns the proportion of oxygen in glandular venous blood, we perceive this remarkable fact—it is whilst performing their functions at the moment of secretion, that the glands permit the blood to circulate without deoxydizing it, and it is whilst they are not acting, and when no product is expelled, that the blood which escapes is dark, deprived in a great measure of its oxygen, and charged with carbonic acid.

Here again appears the antagonism between the glandular and muscular systems, to which I have often referred. In the muscles, the blackness and deoxydation of the blood passing through them are in direct proportion to the energy of their contractions. In the glands the blood is more red, and less deoxydized, in direct proportion to the activity with which the secretory function is performed. Should we not regard this antagonism in the phenomena thus made apparent, as indicating a *radical* difference both in the modes of nutrition, and the functions of glands and muscles? In a word, may we not affirm that the muscles consume oxygen in direct ratio to their activity of function—as is directly opposite with the glands? Or should we rather, in view of this singular phenomenon, conceive doubts respecting the truth of our conclusions in regard to the functional state of the glands?

I incline to the latter opinion; and I think that these researches will lead to another interpretation of that which has heretofore been esteemed the states of activity and of repose of glandular organs, and will induce us to distinguish a state of chemical activity, and another purely mechanical. I could easily adduce several arguments in support of this opinion; but I will conclude with the simple facts above enumerated, limiting myself to a simple eunciation of this obscure proposition, which will serve as a point of departure for future explorations."

Influence of Calomel on the Liver.—Dr. George Scott, of Southampton, England, as the result of four experiments upon dogs, concludes that so far from the biliary secretion being increased by the administration of calomel in large doses, it is absolutely diminished in quantity. It will occur to the careful student, that even admitting the results of the particular experiments, no practical inference is to be derived from them, except perhaps that, as as has been long claimed by

practioners in tropical climates, *large* doses of calomel are sedative rather than stimulant to the biliary apparatus.

The experiments are open to the following objections:—First, the effect of calomel in small and repeated doses is not noted; Second, the relative date of tying the common duct, is not given; Third, positive evidence in the possession of every practioner, that in the human subject, bile in large quantities can be educed by administration of the mercurial, almost at will. Positive experience must still rule, rather than questionable experiment.

Opium in Poisoning by Stramonium, etc.—Dr. T. L. Maddin, in the *Nashville Med. Record*, reports a case of poisoning by the seeds of Datura Stramonium successfully treated by Laudanum. Removal of such portions of the poison as remained in the intestinal canal, being first provided for by emesis and catharsis. The controlling power of the opiate over the constitutional disorders was distinct. Dr. M. urges the opium as a counter poison also, to belladonna, and similarly acting agents, considering "the pupil in all cases as a reliable index as to how far with safety we may proceed in its use."—The constitutional effects of the opiates, he deems likely to be relieved by belladonna, etc., under similar physiological reasons.

The Vomiting of Pregnancy.—In passing upon applications to the uterus in these cases, I would take the liberty of calling attention to the application of the tincture of benzoin and chloric ether, which I have been using with as good an amount of success as any agent I have employed, and it has the advantage of being very simple. I would particularly recommend it where there is much neuralgic pain and excessive leucorrhœal secretion. I have nothing so beneficial in these last named accompaniments as this preparation. By adding a few grains of acetate of morphia to this, it will also be found a very efficient remedy in painful menstruation, and will seldom fail, in the practioners hands, of giving ease and comfort to the female during this her much dreaded period, if applied just before or at the commencement of menstruation. It should be painted upon the os and cervix, once in three or

four days; and may be continued throughout the whole period of pregnancy without any unpleasant effects. My formula for this preparation:—℞ Tinct. benzonii c., ʒ ii.; chloric ether ʒ i.; acet. morphia, grs, ii. M. These applications should not only be made to the mouth of the womb, but should extend to the neck, but if we wish to gain a favorable result from them. If the silver be used, it cannot be applied too lightly; a very slight pencilling is all that is required. If applied so as to produce sloughing and discharges, it will fail of accomplishing our desires. Are not the good effects of these applications to be accounted for, from the fact that they form a protecting coat over the congested and abraded uterine mouth and neck, that may take place in the impregnated uterus, thereby allaying the irritation of the external uterine nerves and vessels, by equal pressure and protection from all external influences of vagina and other sources? I should be happy to hear the result of the use of these preparations in the practice of other medical gentlemen.

In addition to the above, I have used injections of Ferri alumenis, ʒ i.; inf. opii, ℥ ii.; aquæ dist. ℥ viii. M.—with some benefit. These can be used where it would not be expedient to employ the speculum. I sometimes substitute iodide of zinc for the alum. This is more applicable to these cases where there is slight spasmodic action in this organ, or in the neck of the bladder. I use five grains of zinc to the ounce.—*Dr. J. H. Warren, in Boston Med. and Sur. Jour.*

It appears quite possible that all the good effect assumed by Dr. Warren to result from the local application he suggests would be equally gained by anodyne injections *per rectum*.—It is scarcely probable that there is in these cases such a local condition of the *os* or *cervix uteri*, as to require use of the speculum every three or four days, or even more rarely. The speculum is abused quite enough already.

Remittent Fever in St. Louis.—The Medical Society of St. Louis, (reported in the St. Louis *Med. and Sur. Jour.* for November.) state that the several forms of malarial fever have been unusually abundant in that city the past season. At the O'Fallon Dispensary, 138 cases were prescribed for in a single afternoon. The type seemed protean. Quina and calomel were found as useful as ever, and largely relied upon.—Dr. Boisliniere suggested dry cupping over the epigastrium,

as very useful in allaying initation and vomiting. Dr. Pallen recommended mixing the quina with champagne, to quiet the stomach and prevent vomiting. He has found this practice very useful in many cases.

Puerperal Convulsions.—Dr. M. M. Pallen, in the same journal, suggests "that the heart during pregnancy enlarged as well as the uterus, and by its increased size propelled more blood with greater force towards the brain than at any other time, and thus created a greater tendency to congestion of the brain and consequent convulsions."

It is sincerely to be hoped subsequent investigations may not corroborate this opinion, for if they do so, there will be great temptation to employ bloodletting and other depletives, beyond even their present unwarrantable application in this form of disease. Cases may recover after their employment, and we think such recoveries ought, from their extraordinary character, to be duly heralded. But, meantime, physiology, and enlightened pathology point to the nervous system for the seat of the disease, and to the vascular system only for symptoms and results. Remedies for puerperal convulsions must be sought among the means capable of controlling irregular *reflex* actions. Stimulants and other agencies which powerfully impress the nervous centres, are quite as likely to prove useful, theoretically and practically, as depletives, or perhaps even sedatives.

Bibron's Antidotes for Snake Bites.—This compound still continues to attrack attention, and several cases of its complete success have been reported. The formula has been previously published in this Journal. The idea was unquestionably suggested to the putative inventor, by Prof. Brainard's well known experiments before the Committee of the Academy of Medicine, at Paris, several years since.

Pseudo Membranous Laryngites.—Dr. Estep, in the Belmont *Med. Journal*, remarks of this affection:

"My anchor of hope for almost unfailing success, is in

opium and calomel; the former in the form of Dover's powder in from 3 to 6 gr. doses, owing to the age of the child, combining it with from 1½ to 3 grs. of calomel, repeated every two hours, until the disease is declining, then the dose is diminished in size and frequency, but continued until a cure is completed; the condition of the bowels of course to be attended to."

Dr. E. attributes most credit to the opium. He subjoins counter irritation to the throat, warm baths, etc., as beneficial. "With this treatment," he observes, "croup will be disarmed of its dangers, and not one in fifty will die if the treatment is adopted before the third stage, or stage of collapse."

Treatment of Scarlatina by Iodine.—W. Reeves, M. R. C. S., in the London *Lancet*, recommends in all cases of scarlatina as soon as diagnosticated: ℞ Potassii Iodid. ʒ i.; Iodine, gr. ii; Potassæ Chlorat. ʒ i.; Potassæ Nitrat. ʒ iss.; Aquæ, ℥ viii. M. From a teaspoonful to a tablespoonful every four hours, according to the age of the patient. He adds to this, local application of the iodine to the throat internally by means of a feather, and externally in the form of ointment over the glands. He claims that "there are no other remedies in this disease at all to compare with iodine, thus employed.

Ingrowing Nail.—The Nashville *Journal* recommends in this annoying difficulty, scraping off the middle of the nail with a bit of glass until it is as thin as possible. "It is of no use to pare the edges of the nail, for this merely increases the torture; but as soon as the middle has been thinned, it yields to the upward pressure of the skin on its side edges, readily bends and offers no more resistance. Then the proud flesh drops down and the sore heals."

We can endorse this very simple and painless process, from frequent experience in its use for a dozen years past.

Hydrocele.—Mr. Pollock, in the London *Lancet*, suggests the use of a silver wire in place of the ordinary seton, or oth-

er remedial measures. He first evacuates the fluids and then allows the wire to remain until sufficient irritation is produced to cause adhesion or obliteration of the morbid tendency to effusion.

We venture to suggest from experience with the single linen thread we have often employed, that it is better to allow the fluid to drain off gradually by the thread, or by the side of the wire. Much of it finds its way into the investing areola tissue, and by the pressure produced adds materially to the chances of salutary adhesion. We have thus succeeded in effecting cures of this troublesome difficulty in several cases which had previously resisted injections of various kinds.

Milk Sickness.—Dr Nagle in the Nashville *Journal*, (Oct.) asserts that he has discovered the cause of this disease to be the ingestion by cattle of an ergotized cereal grass, found upon swamps or prairies. By exhibition of this fungus growth to animals, he has been able to produce the disease at will.—Salt culture destroys this tendency to fungus growth in the grasses. The main object of treatment is tonic and stimulant, and particularly to keep the bowels open. For these objects he relies upon calomel, or blue pill, and quina in large doses. Excessive constipation is met by clysters of cold water with a little salt, and renewed from time to time until feculent dejections occur. To this is sometimes conjoined judicious doses of elaterin. Dr. Nagle regards corn meal as an absolute specific in the treatment of the usually tedious convalescence, as much so as hydrated peroxide of iron for arsenic. "Not only in man is it a specific, but in cattle the cure is certain. Feed either party with it in plenty, give them all they can possibly eat, give it as mush and milk, as corn bread, as raw corn meal or any other manner you can, but give corn to cure milk sickness."

Typhoid Fever.—Dr. Bowling, in the same journal, in a rambling but genial style of comment upon the treatment of typhoid fever, taking a letter from Dr. Cogley as his text, calls upon the profession to return to the famous Nathan Smith, or "buttermilk treament," simply conjoining turpentine as a

specific remedy. Not as Prof. Wood suggests in a particular stage of the disease, but in every stage, and persistently.—The Doctor enthusiastically remarks: "It is hardly saying too much that NATHAN SMITH AND TURPENTINE WILL CURE TYPHOID FEVER," He ignores all other treatment. Buttermilk *ad libitum*, and Sp. Terebinthi, five drops every three hours! Only this and nothing more. Surely here is a climax of simplicity—a consummation devoutly to be wished—if true. But in another page of the same number, we find a correspondent lauding the peculiar treatment adopted by Doctor Thompson, which he assumes is destined to supplant every other, as soon as it is generally known. *Ecce signum*—dry cups and powerful rubefacients to the spine, potent nerve stimulants internally, and then quina in ten grain doses. So it appears that Dr. Bowling has not yet converted his own state to his views. Perhaps on the whole, he is nearer right, but *in media tutissimus ibis.*

STRYCHNIA IN CHRONIC INTERMITTENTS.—In the New Orleans *Medical News and Hospital Gazette*, Dr. Harrison, of Arkansas, has an article upon the use of strychnia in chronic intermittents.

The following is his formula:

"℞.—Strychnia, gr. iss.
Sulph. Quinine, gr. xv.
Capsicum, gr. vj.
Brandy, ʒ iv. M.

"Of this mixture, I direct one teaspoonful (for an adult) every hour, for six or seven hours preceding the expected paroxysm; at the end of this time I require the patient to take a cup of warm sage tea, and go to bed, (if he is not already there,) and remain until the paroxysmal hours pass. This course is to be repeated on the next 'chill day,' after which a teaspoonful of the medicine is to be taken two or three times per day, until the four ounces are exhausted."

With Dr. H. F. Campbell's views of the nature of this disease, and its relation to the nervous system, the philosophy of this treatment at once becomes apparent. This, however, is not altogether a new treatment. Dr. Brainard, of Chicago, recommended strichnine, in an eighth-of-a-grain dose, three times a day, in similar cases, more than twelve years ago.—(*See Indiana Med. Jour., July*, 1847.)

We are confident that the remedial powers of strichnia are not yet fully brought out. So far as we know, we were the first to use and recommend it, in *sciatica* and chronic rheumatism; and we have seen cases of dyspepsia and chronic costiveness yield to it like a charm.—*N. Y. Med. Monthly.*

DIRECT INJECTION OF NITRATE OF SILVER, ETC., TO THE STOMACH, IN SEVERE DYSPEPSIA AND CHRONIC INFLAMMATION.—Dr. Alexander Fleming, senior physician to the Queen's Hospital, Birmingham, after alluding to the ordinary mode of exhibiting remedies, proceeds:

"But this method of exhibiting the medicine is not equal to the cure of some of the severer forms of dyspepsia and chronic gastritis; and in these, I have, for the last four years, endeavored to act more generally and efficiently on the mucous surface by injecting the solution into the stomach. I employ a strong brass syringe and flexible tube—one-eighth of an inch in bore—the gastric end of which has a number of holes so directed that the fluid is thrown in a circular shower outwards and upwards on the walls of the stomach. The injection is made by dissolving from one to four grains of the nitrate in three ounces of distilled water. The operation is for the most part managed easily. Sometimes it causes nausea and retching—oftener not. It excites at first an enduring and grateful sense of coolness in the stomach; and subsequently there are felt pricking and sharp painful sensations, but of a different nature from the pains of the disease. Sometimes one injection is enough; but I have more frequently had to repeat it two, three or more times.

During the employment of the injections, the patient takes three times a-day and before food a little morphia or chloric ether, or Indian hemp, in plain or cinnamon water. He is confined to small and frequent meals of milk; and as he gets better this is thickened with arrow-root or tapioca, and he is gradually introduced to a nourishing and easily digestible diet. Counter-irritation to the epigastrium, of bismuth, oxide of silver, gentle tonics, &c., are employed when indicated.

Of the thorough efficiency of this mode of acting on the mucous surface of the stomach, and of its power in promoting the cure, my experience, so far as it goes, is very decided.—Although it is now four years since I tried injection, I have not used it in more than ten cases. I have always, in the first instance, employed the simpler method already described, and resorted to an injection only as a last resource: but its

greater efficiency would, I feel certain, justify its employment in many of the less severe cases, and give more thorough and speedy cures. It is not my purpose at present, to consider the intimate nature of the mode of cure, or the manner in which the nitrate of silver substitutes healthy for diseased action in the inflamed gastric membrane. I must reserve that interesting question, and the detailed narrative of cases for another opportunity.

ADULTERATIONS OF FOOD AND MEDICINE.—The committee on this subject, of the American Pharmaceutical Association, in their last report, specially refer to the following as most frequent.

Colored Confectionery—Adulterated with emerald or Scheele's green, arsenite of copper.

Beer—with cocculus indicus and nux vomica.

Pickles and Bottled Fruit—with verdigris and sulphate of copper.

Custard Powders—with chromate of lead.

Tea and Snuff—with the same.

Cayenne and Curry Powder—with red oxide of lead.

Sugar Confectionery—with gamboge, orpiment, or sulpuret of arsenic, and chloride of copper.

Flour and Bread—with hydrated sulphate of lime, plaster of Paris and alum.

Vinegar—with sulphuric acid.

Sugar—with sand and plaster of Paris.

Milk—with chalk, sheep's brains, ground turmeric.

Arrow root—with ground rice.

Chocolate—with rice flour, potato starch, gum tragacanth, cinnabar, bals. Peru, red ox. mercury, red lead, carb. of lime, and the red ochres to bring up the color.

Mustard—with ground tumeric, to give a brilliant color.

Butter—with potato starch, mutton tallow, carbonate of lead and sugar of lead.

One of the members of your Committee, who is acquainted with a gentleman formerly in the drug grinding business in New York, has been kindly furnished by him with some formulas by which "pure and genuine drugs" were prepared when he was employed at the mill referred to:

Powdered Cape Aloes—Cape aloes dried, 100 lbs.; ship biscuit, 100 lbs.; curcuma q. s. to color.

Common Ginger—African ginger, 200 lbs.; capsicum hulls, 25 lbs.; biscuit, 100 lbs.; curcuma q. s. to color.

Ipecac. powdered—Ipecac., 100 lbs.; ship biscuit, 25 to 40 pounds.

Opium powdered—Turkey opium, 50 lbs.; Egyptian opium, 25 lbs.; biscuit, 40 lbs.

Gamboge powdered—Gamboge, 100 lbs.; tartrate of lime, 25 lbs.

Socotrine Aloes are pure bonaire, without adulteration.

Cream of Tartar is adulterated with from 10 to 65 per cent. of terra alba, or tartrate of lime, with about 3 per cent. tartaric acid.

Tartaric Acid powdered—Tartaric acid, 1000 lbs.; alum, from 10 to 35 per cent.

Scammony Aleppo, powdered—Virgin Scammony, 30 lbs.; cocoa beans, 80 lbs.; biscuit, 30 lbs.; lampblack, q. s. (sufficient quantity) to color.

Bird Pepper, powdered—Chilies, 1000 lbs.; rice, 800 to 1200 lbs.; curcuma and Venetian red to color.

Powdered Fenugreek—Fenugreek seeds, 1000 lbs.; biscuit 1000 lbs.; curcuma q. s. to color.

East India Rhubarb, powdered—East India rhubarb, 100 lbs.; English do., 60 lbs.

English Rhubarb, powdered—English rhubarb, 100 lbs.; biscuit, 30 lbs.; curcuma to color.

Turkey Rhubarb, powdered—East India rhubarb, Turkey rhubarb, equal parts.

The tartrate of lime referred to is more properly sulphate of lime with a small portion of tartrate. The ship biscuit is the hard and often worm-eaten cakes brought in by ships after a long voyage.—*Am. Jour. Pharmacy.*

Therapeutic Properties of Sarsaparilla.—Dr. M. Adam, in some interesting *Medical Notes from the Continent*, refers to some experiments by Prof. Bocker upon sarsaparilla, as yet unpublished. Dr. Bocker told Dr. Adam, "that after carefully performing ninety-eight experiments with this drug on healthy people, he found that contrary to all our usually received opinions on the subject, it possesses neither diuretic nor diaphoretic properties. Another series of twenty-six experiments, on the persons of uncured syphilitic patients, gave exactly the same results." Bocker also satisfied himself that sarza does not increase the efficacy of the agents, such as iod. potass., &c., which are usually given along with it; and that the good results obtained by the administration of this salt, dissolved in decoction of sarza, are in no degree attributable to any virtue in the solvent fluid. I told Dr. Bocker that I

remembered hearing Prof. Syme, many years ago, express his opinion on the utter uselessness of so expensive a drug as sarza, remarking, in his own quaint, forcible style, that he believed an 'infusion of hay' would be just as good, and a vast deal cheaper. He seemed amused, and said that he entirely agreed with Syme; that infusion of sarza had no greater effect on the system than so much common tea; and that we must regard it merely as a pleasant, but very expensive, vehicle for the administration of other medicines.—*Edinburgh Med. Journal.*

Submucous Injection as a cure in the Toothache of Pregnancy.—Horatio R. Storer, M. D., in the Boston *Med. Journal*, strongly recommends this process, rather than the dangerous and uncertain one of extraction. He instances the following:

"Case.—A. Z., aged 22, applied to me for treatment early in May last. Patient had suffered for several weeks from severe neuralgic pain throughout the left half of the upper jaw, at times lancinating in its character, at others more dull, but never wholly absent. The general health was decidedly affected, as evidenced by the state of the circulatory, digestive, and nervous systems. The teeth, on inspection, were all sound; there was no heat or swelling of the gums, no tenderness or increase of pain on pressing them.

"Anodynes, both local and general, refrigerants, emollient poultices and counter-irritants, were successively resorted to, without benefit. After much solicitation a tooth was extracted; the patient remained unrelieved. On the following day, no change for the better having occurred, ten drops of the Edinburgh solution of the bi-meconate of morphia were injected beneath the mucous membrane of the gum; the pain ceased instantaneously, and from that moment to the present, a period of nearly five months, there has been no return of the malady."

(*To be continued.*)

Genius.—M. Moreau asserts that all men of genius are men in different states of madness. Genius is a neurosis.

CHICAGO ACADEMY OF MEDICAL SCIENCES.

DELASKIE MILLER, M. D., PRESIDENT.

The regular monthly meeting was held on Friday, Jan. 6th, when the following officers were elected to serve during the ensuing year:

President—Dr. R. C. Hammill. *Vice President*—Dr. I. A. Graham. *Recording Secretary*—Dr. Walter Hay. *Corresponding Secretary*—Dr. John H. Rauch. *Treasurer*—Dr. Thomas Bevan. *Trustee*—Dr. Chas. G. Smith.

The following Standing Committees were also chosen;

On Admissions—Drs. Heydock, McAllister, and Holmes.

" *Medical Ethics*—Drs. Bloodgood, Fisher, and O. Smith.

" " *Education*—Drs. Davis, Ingals, and Gore.

A vote of thanks was given to the retiring officers.

Dr. Bloodgood (from Board of Trustees) reported that they had found suitable rooms for the permanent location of the Academy, and were thereupon authorized to secure such rooms as in there discretion might seem best, at a rent not to exceed $150 per annum.

Dr. Rauch moved that the Academy subscribe for the principal Medical Periodicals.

Dr. Byford moved an amendment to the effect that publishers be requested to donate, which was passed.

Dr. Rauch suggested the necessity of Incorporation in order to effect this object, whereupon the Secretary was instructed to take the necessary steps to effect the Incorporation of the Academy under the general Law of Incorporation.

Dr. Blake proposed the following resolution: *Resolved*, That Tracheomety is usually deferred too long in cases of membranous Croup, and that if resorted to earlier it would greatly lessen the mortality in that disease; which was accepted, and Drs. Bloodgood and Blake were appointed to discuss the subject at the next regular meeting.

Dr. McAllister called attention to a verdict of a Coroner's Jury, which had come under his notice, "That the subject died from disease of the stomach," no post-mortem examination having been made to determine the fact.

Dr. Gore (County Physician) had seen the case, and stated that no post-mortem examination was permitted by the parents of the boy; that the "verdict" in question was made up from the opinions of two physicians, who were said to be acquainted with the facts of the case, and from marks of violence upon the body, viz: an abrasion of the skin, and was that "The boy came to his death from internal injuries, (probably hæmorrhage) the results of a fall upon the edge of a portion of a barrel, while engaged in feeding cows." He also remarked upon the unreliable character of reports of such verdicts as published in newspapers, and assigned the reasons.

Dr. McAllister thought that juries were not justified in giving such verdicts without having post-mortem examinations.

Dr. Davis denied the right of parents, or any one else, to interfere with the rights of juries, maintaining that the subject of such an investigation belonged to the jury alone.

The subject was discussed at large by Drs. Davis, Blake, Gore, Ingals, and McAllister.

Dr. C. G. Smith suggested the propriety of exerting the influence of the Academy as a body in procuring the election of a physician to the office of Coroner.

Drs. Davis and Ingals were appointed a committee to investigate the subject of abuse in the practices of Coroner's Juries.

Dr. Bloodgood submitted the following report of the section to which the subject had been referred, viz:

The signs usually indicating death by drowning are the following: When found soon after death the surface of the body is pale or slightly livid, with muscular rigidity more or less complete, according to the time that has passed since the immersion took place; the eyes are partly open, and the pupils dilated the tongue is pressed against the teeth, or protruded between them, and sometimes wounded by them. The ends of the fingers are often abraded by the efforts made in the death struggle; the hands inclose grass or other substances that come within their reach, and the hollows of the nails are filled with sand or mud that forms the bed of the water. The abdomen and chest are prominent. The lungs and right side

of the heart are filled with black fluid blood, as are also the liver and spleen, and a small quantity of bloody urine is sometimes found in the bladder. The stomach contains water of the same nature as that in which the body is found, and the air passages are more or less filled with froth formed by the water drawn in by the inspiratory efforts, and mingled with the air already present. The air found in the lungs is almost wholly destitute of oxygen. According to Prof. Beatty there is turgesence of the blood vessels in the head, more or less complete as the death has been more or less speedy; but Dr. Goodwin, as quoted by Roget, says that the external surface of the brain is of a darker color than usual, but the vessels are not tinged with blood, nor are there any marks of extravasation about them. Dr. Currie also says, they do not exhibit any particular marks of distension, and Dr. Guy, that they contain a small quantity of blood, and the medullary substance presents, when sliced, a number of bloody points. With these latter authorities we are inclined to coincide.

When all these signs exist, with the absence of wounds or other injuries which might account for the death, its cause can not be a matter of doubt, but the signs are sometimes wanting, and sometimes their presence admits of another explanation. When syncope occurs at the moment of immersion, we may have no evidence of death by drowning, except the finding of the body in water, or if in falling from a height the head strikes a rock, producing concussion of the brain, or in a state of deep intoxication the subject is accidentally or wilfully thrown into the water. But though the want of any or all the ordinary signs, do not absolutely disprove the theory that drowning was the cause of death, the coincident presence of two of them, even when conjoined with a mortal wound of the head, would, we think, furnish very strong proof that death was caused by drowning, and in the absence of conflicting circumstances, other than the wound, justify a verdict to that effect. These signs are the presence of water in the stomach, identical in composition with that in which the body is found, and the presence of a quantity of froth in the air passages. The value of the first and most constant sign, is much impaired by the

difficulty of determining whether the water was introduced before or at the time of death, and also by that of proving its chemical identity with that in which the body is found. The other, however, is very significant, and can be produced only by the simultaneous presence of air and water in the lungs while they are still in motion. The presence of water unmixed with air, would prove that it had flowed in after respiration had ceased. The danger of confounding the expectoration of pneumonia or bronchitis with the froth produced by drowning, is very small, on account of the different characters of the fluids, and we think could almost always be avoided by a careful examination of them. The presence of what any one would regard as a mortal wound, would only serve to throw light upon a case that would otherwise be doubtful, not to disprove positive facts. The subject of the celebrated Crow-bar case, would have died by drowning had he been immersed long enough at any time subsequent to the accident from which he suffered, though he had a wound which no surgeon would have hesitated to pronounce speedily fatal. We therefore think that the presence of froth in the air passages, is a certain sign of death by drowning, subject only to the condition that water was not injected into them before death.

FEES FOR PROFESSIONAL SERVICES.

FROM THE NORTH AMER. MEDICO-CHIRURGICAL REVIEW.

The remuneration for medical, surgical and obstetrical services have, of necessity, varied very much in different ages and countries, according to the estimate of the services rendered, or the relative value of money. In many countries, towns and cities, there are regular fee-bills regulating the charges for ordinary practice; a custom which we have always regarded as absurd and unjust, since it places, in this particular, all practitioners, whatever may be their respective merits, upon the same level, whereas every man should be permitted to charge according to his skill and the nature of his services, not forgetting the circumstances of his patients.

In looking, not long ago, over some of our papers, our eye chanced to light upon a bill for professional services rendered by the late Dr. James Craik to Captain G. S., of Washington City, the father of a large and highly respectable family, to one of the members of which we are indebted for this interesting document. Dr. Craik was the physician of Washington and attended him in his last illness, in conjunction with Dr. Dick. The bill is dated 1795, beginning in April of that year, and ending in March, 1799, the entire amount being £66 16s, 6d. It covers more than ten pages of foolscap, and particularizes every item with the same care as a merchant's or grocer's account. The following extract will serve as a specimen of Dr. Craik's charges:—

	£	s.	d.
For extracting Peter's tooth,	0	3	0
Visit to your lady, and anodyne draught,	0	3	0
A purge,	0	1	3
An emetic,	0	1	6
For bleeding Capt. S.,	0	3	0
" delivering your lady,	5	0	0
Visit to your son George, and vermifuge pill,	0	1	0
23 syphilitic pills for Sam	0	16	0
Visit to your child Harriet, and 2 alterative powders,	0	5	0
Visit to your son George, and vermifuge pill,	0	3	0
8 ounces of injection for boy Sam,	0	5	0
One syringe,	0	3	0
Dressing negro boy's hands,	0	2	6
Visit to your lady, and anti-rheumatic tincture,	0	3	0
Visit to your lady, and opening abcess in breast,	0	5	0
Blistering plaster,	0	5	0
Bleeding,	0	3	0
12 febrifuge powders,	0	6	0
6 ounces best olive oil,	0	2	6
Bleeding negro woman,	0	3	0
" Master George,	0	3	0
Dose of salts,	0	1	6
Inoculating your child,	1	0	0

Emetics, purgatives, absorbent powders, anodyne draughts, and preparations of bark—powder and infusion—are prominent items of the account.

The custom of presenting items in medical bills, has, we presume, become obsolete. It is certainly inconsistent with dignity of a professional man of the present day to descend to such minutiæ. A round statement in dollars should be quite sufficient. Only once, in our whole life, have we been re-

quested so to demean ourselves. We replied, that it was contrary to the habits of professional gentlemen to specify their charges, with the minute exactness of an auctioneer's catalogue, at the same time that we informed our *patron* our ledger was at his service; nay, furthermore, that if in future he wanted our attendance on such conditions, he could not have it. The *creature*, now one of the merchant princes of the city where we then resided, had all his life been dealing in sugar, molasses, and whisky, and could therefore not help following the force of his habits.

Professional services are generally much more highly appreciated in cities and large towns than in the country. In the United States, practitioners are much better rewarded in the South and Southwest than in the North and East; in the slave States universally much more liberally than in the free. The reasons for these practices are obvious. In towns and cities, physicians could not live if their charges were not higher than they are in the country; and in the Southern regions of the United States, money is much more plenty than among the same number of inhabitants in the North and East.

The highest fees for medical services in this country, are paid at New Orleans, where the ordinary charge for a visit is from two to five dollars, while consultation services yield at the rate of from ten to twenty. At Charleston the first consultation fee, established by long habit, is $14,00, the subsequents ones being each $2,00. In this city the first consultation visit is usually $5,00, and those made afterwards, $2,00 each. The fees of surgeons are generally, everywhere, higher than those of physicians.

Since our attention has been directed to this subject, we have examined a number of works in our library with a view of ascertaining the charges, ordinary and extraordinary, of practioners, dead and living, in different countries and in different ages.

In ancient times some remarkable fees were obtained for professional services. It is related of Charmis, who kept a bathing establishment at Rome, in the reign of the Emperor Claudius, that his regular charge for advice to those who were anxious to avail themselves of his treatment, was £800. He was the first water-cure doctor, if we may credit the researches of Dr. Doran, that ever practiced, and he made an immense fortune, such as no brother of the craft of the present day can at all approach.

The most liberal fee of modern times was that received by Dr. Dinsdale, a physician of Hertford, England, for inoculat-

ing the Empress Catherine, at whose request he visited Russia in 1768. The operation was perfectly successful, and such was the gratification of the Empress, that she made Dinsdale a baron of the empire, besides presenting him £12,000, and a pension of £500 a year.

The largest fee ever received by Sir Astley Cooper was 1000 guineas. His patient was a man of the name of Hyatt, a retired West India merchant, who was affected with stone in the bladder. The manner in which the fee was presented, is worthy of notice. When Hyatt had entirely recovered from the effects of the operation, he requested his surgeon, with his two medical attendants, Dr. Lettsom and Dr. Nelson, to visit him on a particular day. Cooper arrived after the physicians had left the room; he met them down stairs, discussing the liberality of their patient, who had presented each with £300. Sir Astley was cordially received by the old West Indian, and after having chatted a little while, he rose to take his leave, and had got as far as the door, when Hyatt threw his night-cap at him, saying at the same time, "There, young man, put that into your pocket." Upon examining it, he found a check in it for 1000 guineas.

Hyatt, it would seem, was equally as liberal to his apothecary, or regular family attendant. One day being sent for in haste to visit his patient, he fell down and hurt his knee. so as to cause him on entering, to be lame. Hyatt observing his condition, immediately exclaimed, "Dobson, old fellow, what is the matter?" On learning what the trouble was, he pulled out a £100 bank note, and applied to the joint, adding that it was the best plaster in the world for a bruised knee.

A wealthy London merchant, Mr. William Cole, paid Sir Astley Cooper annually, for years, £600, for attendance upon his family.

During the hey-day of his professional life, Sir Astley Cooper frequently made 100,000 dollars a year by his practice. Much of this vast sum was received for chamber practice.—He had to answer many letters of advice, for which he never received less than a one pound note, while many yielded him five times that amount.

Dr. Lettsom, who was a West Indian by birth, made, in a visit which he paid to Tortala, his native town, soon after having completed his studies in London, nearly £2000 in five months. After he had succeeded in establishing himself in the British metropolis, his income annually, ranged from twenty to twenty-five thousand dollars. In 1800, he received in fees, £12,000, or sixty thousand dollars.

Fothergill, the Quaker doctor, did an immense practice.—For the last twenty-five years of his life, his fees annually averaged nearly seven thousand pounds, or about thirty-five thousand dollars. He commenced his practice in 1740.

Mead's income was, on an average, from five to seven thousand pounds, for many years. He once received three hundred guineas for visiting a patient at Ingestree, in Staffordshire. The patient had been very ill, but recovered before the arrival of his great physician.

Dupuytren's income was enormous; he began life as a poor boy, and died worth more than a million of dollars.

Graefe, the celebrated surgeon of Berlin, left an immense fortune, the result of his professional labors.

In this country, physicians are not noted for their high charges or great income. One of the largest fees ever received by any one, was that of Dr. Ephraim McDowell, for the operation of ovariotomy, performed upon a lady in Tennessee, whose husband gave him fifteen hundred dollars. We have heard of a fee of five thousand dollars being paid to a New York surgeon for an operation of club-foot, but we are unable to vouch for the authenticity of the story. Physick left a large fortune, but rather in consequence of the rise in his estate than of his large professional emoluments. His charges were generally small. A gentleman once handed him a hundred dollar note, for attendance on his wife; but the doctor thinking that it was out of all proportion to the value of his services, returned all but ten dollars.

The salaries of court physicians and surgeons, have also varied according to the times in which they have flourished, and the respective ranks which they occupied. In the reign of Henry III, of France, the pay of the royal household staff was as follows:

First Surgeon.

Ambrose Pare,.....666 livres and 12 sols.

Surgeons in ordinary.

Pierre Pegray,.....333 livres and 6 sols.
Antoine Portail,.....333 " " 6 "

Assistant Surgeons, serving each three months in the year.

January, February, and March.

Jacques Guillemean,.....100 livres.
Isaac Bruns,.....100 livres.

April, May, and June.

Jehau Lambert,.....100 livres.
Jacques D'Amboise,.....100 livres.

July, August, and September.

Ismael Lambert,.....100 livres.
Hierome de la Noue,.....100 livres.

October, November, and December.

Charles Buchalier,.....100 livres.
Michael Vandelon,.....100 livres.

Louis XIV seems to have had a high appreciation of the services of his professional attendants. Being affected with anal fistule, an operation became necessary, on recovering from which he exhibited his gratitude by bestowing upon them not less than £14,700 in the following ratio:

To M. Felix,.....	50,000	crowns, or	£6000.
Dr. Duquin,.....	100,000	livres, "	4000.
Dr. Fagon,.....	24,000	" "	1000.
M. Bessiere,.....	40,000	" "	1500.
Four apothecaries, each,.....	3,000	" "	2000.
M. Raye, apprentice to M. Felix	400	pistoles "	200.

Considering the enormous price paid for the operation, it is surprising that the filthy disease which it was designed to relieve, should ever have become the fashionable court complaint. A surgeon of the present day may regard himself as extremely fortunate if he can occasionally get a patient who is able to pay him two hundred dollars, for the division of the sphincter muscles, including the after-treatment.

Scanzoni, professor of midwifery in the University of Wurzburg, received twenty-five thousand dollars for attending a short time ago, the Empress of Russia in her confinement. The prestige with which the favorable reception of this physician at the Russian court invested him, has rendered him the most celebrated accoucheur of continental Europe, and laid the foundation of one of the most aristocratic practices in the world, crowds of the German and foreign nobility flocking to him from all parts.

Medical men sometimes receive, in addition to their regular fees, large presents, either in money, plate, clothing, or wine. Thus, Ambrose Pare, the father of French surgery, at the siege of Metz, in 1552, had a tun of wine sent to him for curing one of the officers of a broken limb, by De la Roch, with a promise that "when it was dronken he would send mee another." The Sultan recently, after his recovery from an attack of ague, in which he was obliged to take an unusual quantity of quinine, the effects of which occasioned symptoms which somewhat alarmed the court, presented his physician,

Dr. Caratheodory, precious stones, works of art, and various other articles, valued at between twelve and sixteen thousand pounds, besides a handsome estate.

Physicians, on retiring from practice, are sometimes presented with a service of plate, by their grateful patrons; and similar compliments are occasionally paid by towns, and cities, in consideration of the services rendered by practitioners during the prevalence of devastating epidemics.

Sometimes, again, the present is in the form of a wife.—Thus, Podrilius, whose praises have been sung by Homer, was rewarded by the King of Caria with the hand of his daughter, whose life he was supposed to have saved by bleeding her in both arms, after a fall from the the top of a house. Such a gift might not always be agreeable or convenient to the recipient, but it could hardly be otherwise, when it comes in the form of a rich princess, as in the case of Podrilius.

Governments do not always reward their subjects in proportion to the value of their services. Jenner, for his immortal labors in vaccination, by which millions of lives have been preserved, received from the British Parliament the paltry sum of twenty thousand pounds. Brossar d, a French surgeon, in the seventeenth century, was richly rewarded by the French government for the disclosure that agaric would arrest hæmorrahge after surgical operations. The remedy was tried, and of course, found useless, though not till a number of lives had been lost by it. Mrs. Stephens, as late as the last century, obtained a large sum from the British Parliament for making known the supposed virtues of Castile soap and egg shells in urinary calculi.

The charges for attendance at coroner's inquests are not commensurate with the services exacted upon these occasions. From ten to twenty dollars is the usual fee for making a dissection for the benefit of the public, and even that sum is often grudgingly allowed. In cases of poisoning the remuneration is, of course, more liberal, though seldom adequate. The largest compensation for services of this description, ever paid in this, or, perhaps, in any other country, was that recently awarded by the city of New York to Dr. Doremus, Professor of Chemistry in the New York Medical College. The sum allowed to him was three thousand dollars, besides three hundred dollars for the outlay of new apparatus. The case was that of Stephens, tried for the murder of his wife by poison. Dr. Doremus was obliged to analyze two entire bodies.

Finally, a good fee is a powerful stimulant, causing the most delightful sensations, and goading a man on to the most

vigorous performance of his duties. It increases the pace of the sluggard, and improves the digestion of the dyspeptic.—There is not a man in the profession, that has not, at times, felt the force of the practice of the celebrated physician of Bath. Finding himself no better for his own prescriptions, he laughingly observed to a friend, "Come, I think I will give myself a fee, I am sure I shall do better then." Putting his hand into his pocket, he took out a guinea, and gravely passed into the other. He soon got well. Assuredly, reader, there is great potency in a good fee.

Physicians sometimes place no better estimate upon their services, than their patients. A young professional acquaintance recently told us, that not long ago, after having prescribed for a female, she handed him a one dollar counterfeit note, which he did not hesitate to take, although he knew at the time that it was worthless, believing that it was a fair equivalent for his services. We have not examined our brother's organ of conscientiousness, but suppose it to be very large.

VESICO-VIGINAL FISTULA,

A NEW OPERATION PROPOSED, BY WHICH THE TWISTED SUTURE MAY BE APPLIED.

BY PAUL F. EVE, M. D.

I submit to the profession an instrument by which the operation for *vesico-viginal fistula*, may, I think, be greatly simplified. The difficulties I have always encountered in attempting to relieve this most distressing affection, and the want of success even by the recent American improvements, have led to its suggestion; and without waiting to try it in a case, not knowing when an opportunity will be offered, the method is at once presented for the consideration of others. In common with my professional brethren, I hailed with pride and pleasure the important practical additions made on this subject by our distinguished countrymen, Drs. Sims and Bozeman, and remarked at the time to a friend, when the *button suture* was announced,—it is perfection. Subsequent experi-

ence, however, has taught me that something more is still required to heal vesico-vaginal fistula, with much degree of facility or success, and that almost any proposition (promising amelioration in its treatment) would be favorably received.—And for proof that I am not singular in this respect, in the publications of those who have operated, nearly all have testified that it is a very painful, tedious, complicated and uncertain operation.

The plan proposed is by a *screw-clamp* so to project the edges of the fistula that it may be closed by the *twisted suture.*

This instrument consists of two thumb-screws six inches in length and a line in thickness, with the threads cut three inches one-half of the way right, and the other half left-handed, on each of them, so that two clamps through which they pass may be made to approach each other by turning the screws. It is made of polished steel, except the edges of the clamps which have small projecting teeth to prevent their gliding over the mucous surface of the vagina when applied to it. I have these put one-fourth of an inch apart, with a projection one-eighth of an inch slightly curved towards the fistula. The clamps themselves may be bent towards the vaginal surface.

The patient is placed upon her knees and elbows, with Dr. Sim's lever-speculum introduced, the screw clamp is then applied, with one of the clamps three-fourths of an inch anterior, and the other the same distance posterior to the fistula. While thus held in position, by means of a curved catheter or forceps passed through the urethra into the bladder, the fistulous opening is oppressed between the clamps, or with a pair of forceps or hooks, the edges may be drawn between them, and the screws turned so as to close upon the fistula. The handle of the right hand screw, or one-half of its entire length, is made movable so as to be detached, to give room for manipulation. The lips of the fistula are now denuded with the knife or scissors, pins thrust through them, ligatures twisted around their points and heads, the instrument unscrewed and removed, and the operation will have been completed.

I prefer the figure of 8 suture, and it may be tightend after the screw clamp has been removed. The points of the pins should be cut off, and they themselves may be prevented ulcerating the vagina by the interposition of some soft material. The ligature may be thread or wire, and a single loop will answer every purpose. Probably silk would be best.

The advantages proposed by this new operation are:

It may be performed in fifteen or twenty minutes; an important consideration when we recollect the position of the patient on her knees and elbows.

The fistula is fully exposed.

Hæmorrhage is prevented by the pressure of the instrument.

We avoid wounding the bladder.

Broad surfaces can brought in apposition.

The line of union is seen throughout the treatment.

The after treatment may not be as rigorous as that now recommended. The bowels may be moved after the second or third day, and then kept in a laxative condition; the patient may begin early to use the catheter herself at short intervals, and her diet may be a little more generous. The horizontal position should, however, be observed most of the time.

The apparatus is readily removed, the instrument itself, and then the sutures simply by withdrawing the pins. Who, let me ask, has not expcrienced difficulty in detaching the suture, in some cases so great as even to interrupt the healing of the fistula?

It is comparatively free of danger.

The method is far less painful. In my six cases but ten attempts, every patient has complained most distresingly of the Sims' and Bozeman's operation.

Though not adapted to all cases, this operation no doubt can be applied to the majority of them.

I leave to others willingly, who may feel disposed to try the plan here described, to determine its value, or it may be to improve upon it.

Mr. Schott of this city, makes the screw-clamp for five dollars.

BRIGHT'S DISEASE OF THE KIDNEY,

THE FORMS AND STAGES, WITH ESPECIAL REFERENCE TO DIAGNOSIS AND PROGNOSIS.

BY DR. GEO. JOHNSON, PHYSICIAN TO KING'S COLLEGE HOSPITAL.

[From Ranking's Abstract.]

The author considers that the *oneness* of Bright's disease is inconsistent with the clinical history and the morbid anatomy of the kidney in its various conditions. A large Bright's kidney usually remains large to the end, and a contracted Bright's kidney has not passed through a previous stage of enlargement. The chief points of distinction between the large white Bright's kidney and the contracted kidney are the following:—

1. The urine secreted by the large kidney is less abundant, of higher density, more constantly and copiously albuminous, and contains small waxy casts with or without oil, but not the granular casts which are thrown off from the tubes of the contracting kidneys.

2. The minute anatomy of the two kidneys is different.—In the contracting kidney, the gland cells becomes disintegrated and washed away, leaving the tubes denuded. In the large white kidney, the cells for the most part remain attached to the basement membrane, and undergo changes varying from a slight glanular opacity to a complete oily degeneration, or they may at length become replaced by an albuminous or a fibrinous material which fills and obstructs the tubes.

3. Another important distinction between the two forms of disease consists in the relative frequency of dropsy as a symptom. There are few exceptions to the rule, that patients who die with a large Bright's kidney have had dropsy. In only two out of twenty-six fatal cases in the author's experience, had dropsy been wanting at some period of the patient's history; whereas, of thirty-three fatal cases of contracted kidney, there had been dropsy in only fourteen, and in the most of these cases the dropsy was very slight and partial.

The author remarked that if all the contracted Bright's kidneys have passed through a previous state of enlargement, it is difficult to understand how the majority of those patients who have reached this final stage of renal degeneration can escape the dropsy which, in a greater or less degree, troubled nearly all those who die in what is by some writers assumes to be an earlier stage of the same disease. The rule is, that a large Bright's kidney remains so to the end, and that a con-

tracted kidney has not previously been enlarged. But there are exceptions to this rule. There are cases of Bright's disease in which the kidneys, having become enlarged, subsequently undergo a process of contraction in a greater or less degree. These cases, however, are so exceptional in many of their most important features, that they afford a remarkable confirmation of the doctrine, that in ordinary cases the contracted Bright's kidney is not an advanced stage of a previously enlarged kidney, but the result of a distinct series of morbid changes. The cases in which contraction of the kidney has followed upon enlargement may be divided into three classes: First, there are cases in which the weight and size of the kidney are found to be increased after death; yet in the cortical portion of the gland there are unquestionable indications of atrophy and contraction. The author said he had met with six cases of this kind, and showed a drawing of the kidney from one case. The gland was large, pale, and waxy, but the cortical portion decidedly wasted. In the second class of cases, the contraction of a pale, waxy kidney had proceeded farther, so that the size and weight were reduced below the average of the healthy gland. The third class of cases are those in which a kidney, having become enlarged and *fatty*, has subsequently contracted; the fat granulations being still visible in the atrophied kidney. During a period of fourteen years the author has met with five examples of contracted fat kidney. In two of these cases the period of transition from a large fat kidney to a contracting kidney was clearly indicated by the microscopic characters of the urine. The large waxy and granular casts were observed to take the place of the small waxy and oily casts which had been present during the earlier periods of the disease. One of these cases was under observation for a period of ten years. The chief points of distinction between a kidney which has been wasted by the chronic desquamative disease and one which has contracted after waxy enlargement were referred to, and illustrated by drawings of two forms of disease.

Longevity.—The following may be seen on a gravestone in Derwin (Denbigshire) church-yard: "Husband died, aged 103; wife died, aged 98; their son died, aged 97; their daughter, aged 107; their grandson, aged 98; total, 499; average 99½.

THE USE OF CHLOROFORM AND ACONITE IN NEURALGIA.

In a letter to the *Med. Times and Gazette*, Dr. Gueneau de Mussy writes:—

"For more than three years I have prescribed it in neuralgia of different regions; but here I want chiefly to allude to the most common and severe of neuralgic pains—the facial neuralgia, in which I have derived from the above-named remedy sometimes a complete and permanent cure, and always an almost immediate and considerable relief. In such cases I apply it directly to the gums of the side affected, where numerous divisions of the fifth nerve are most superficial. When the neuralgia is idiopathic, *i. e.* unconnected apparently with any other disease, the formula is:—2 parts of sp. of wine, or eau-de-Colonge, 1 of chloroform, and 1 of tincture of aconite; the finger covered with a piece of lint or soft thick linen, is dipped in the mixture and rubbed gently against the gum for a few minutes. I do not use a sponge, because it would take up too much of the liquid, which by pressure might drop into the mouth.

"When the pain is connected with some organic disease, as a deranged tooth, chronic inflammation of the gums, or of the sockets, or, as I have observed, superficial necrosis of the bone, I have found the tincture of iodine a very beneficial substitute for spirit of wine in the formula above.

"The infra-orbitary branch being the most commonly affected, it is chiefly in neuralgia in this part the application has been successful; but by no means exclusively so; it answers very well in pain of the lower branch, and I have observed some very severe cases of supra-orbitary neuralgia, in which the same application has been attended with an equally satisfactory result.

"This shows, moreover, that the sedative agent may produce its effect, as the irritating one so frequently does, on a part distant from the spot on which it was applied in the same, and even in a different branch of a nerve."

INVERSION OF THE UTERUS SUCCESSFULLY REDUCED.

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The following case of the successful treatment of inversion of the uterus, was reported for the *North Amer. Medico Chirurgical Review*, by Dr. Wm. Irvin, of Breakneck, Butler county, Pennsylvania.

"On the 26th of November, 1858, I was called to see Mrs. W., forty-eight years of age, in labor with her eleventh child. She was a large healthy woman, with an exceedingly roomy pelvis and pendulous abdomen. I found the os soft and dilated to the size of a dollar, but the pains were not strong for about six hours, when two or three uterine contractions were sufficient to expel the child, at the same time inverting the uterus with the placenta adherent. The cord being very short the weight of the child dragged down the organ between the thighs nearly as far as the knees.

"I severed the cord, and made several unsuccessful attempts to reduce the uterus, with the placenta still adhering. The hæmorrhage became very alarming, and the woman was sinking, when I remembered Professor Meigs's injunction to remove the placenta and return the organ by pressure upon its fundus. I therefore detached it as quickly as possible, and had the satisfaction of finding that the bleeding was much diminished.

"Placing my right hand under the uterus, and supporting it in a line with the axis of the pelvis with my left, I pressed the tips of my fingers firmly against the fundus and pushed it upward. After a little while the tumor softened, and I found I had indented the fundus, the pressure being continued until my fingers were arrested by the contracted os, which yielded in about one minute. I then carried my hand upward in the pelvic axis, and when I had introduced my arm, half way to the elbow, the fundus suddenly shot away from my hand, and the organ resumed its natural position. In a few minutes a contraction came on, and the organ returned to its proper situation.

"I watched the patient four hours, enjoining strict recumbency and rest. The case afterwards proceeded as usual, and the woman made a speedy recovery."

GLYCERINE OINTMENT FOR ITCH.

[From the London Lancet.]

M. Bourguignon, so well known in Paris by his successful researches on "the acarus scabiei," has published in the *Gazette Medicale* the following formula. One general friction, not preceded by soap ablutions, is sufficient:—Yelks of two eggs; essence of lavender, lemon, and mint, of each seventy-five drops; essence of cloves and cinnamon, of each 120 drops; gum tragacanth, half a drachm; well-pounded sulphur, twenty-six drachms; glycerine, thirty-two drachms. Total weight, nearly eleven ounces. Mix the essences with the yelks of egg, add the gum tragacanth, make a good mucilage, and then add very gradually the glycerine and sulphur.

Many cures have been obtained by this preparation, which has the advantage of giving no pain.

The well-known Helmerich ointment being really useful, M. Bourguignon has modified it, and substituted glycerine for the axunge. In the altered form, the preparation is not any dearer, as efficacious, and less painful than the original ointment. It does not grease the clothes, and has an agreeable perfume.

Gum tragacanth, fifteen grains; carbonate of potash, thirteen drachms: well-pounded sulphur, twenty-six drachms; glycerine, fifty-two drachms; essence of lavender, lemon, mint, cloves, and cinnamon, each fifteen drops. Total weight nearly eleven ounces. Make a mucilage with the gum and one ounce of glycerine, add the carbonate, mix until it is dissolved, and then gradually add the sulphur and glycerine;—lastly, pour in the essences. With this compound, M. Bourguignon advises two general frictions of half an hour, within twelve hours of each other, and followed, twenty-four hours afterward, by a simple warm bath, as the glycerine is soluble in water. Two-thirds of the preparation should be used for the first friction, and the other third for the second.

ADMINISTRATION OF MEDICINE TO CHILDREN.

(From the Druggists Circular.)

M. Wahu having much to do with the diseases of children, wishes to impress upon practitioners the importance, in the case of important medicinal substances, of having them administered, whenever practicable, in their own presence. He also states some of the means he adopts to enable certain medicines to be more easily got down. Thus, the subnitrate of bismuth, in large doses, which is of such value in diarrhœa and the gastro-intestinal affections of children, often subsides to the bottom of the spoon when given in broth or milk; and it is much more readily taken also by children of about two years old when given in chocolate prepared in water, and thickened with tapioca or crumbs of bread. In this way seventy grains and more may be given night and morning. In the same way iron can be very readily given. Ratany and catechu, two precious drugs, the action of which, when in small doses, is soon manifested in children, can also very readily be given in this chocolate panada. Chocolate made with either milk or water, and flavored with canella or vanilla, is usually very readily taken by children, and its dark color facilitates the mixture of numerous colored medicinal substances, which would be observed by the little patients were they given in milk, broth, or any infusion. Ratany and catechu may also be well triturated and mixed with jelly, the flavor of which, while masking that of other substances, is very agreeable to children.

Sulphate of soda and sulphate of magnesia are substances very difficult to get even adults to take. The sulphate of soda may be often administered to children, by dissolving ten parts in 150 of unsalted beef-tea, and waiting until the child is sufficiently thirsty to swallow a cup of liquid almost without tasting it. For adults, the best is to dissolve the sulphate of soda or magnesia in exactly the quantity of hot water necessary for its complete solution. This is allowed to get cold, and a glass of pretty strong lemonade is prepared.—Holding a glass in each hand, that containg the salt is rapidly drunk, and then the lemonade is slowly drunk—masking the detestable taste of the purgative, and supplying each fluid to prevent its proving to irritating. Corsican moss is another substance which children take with difficulty: but if an infusion be made and strained, and then added to unsalted beef tea, it will be readily swallowed.

Calomel is one of the most difficult medicines to give, when children are too young to swallow pills, which is the case under six years of age. Incorporating it into honey is the best means—rinsing the mouth afterwards, to prevent any adhering to the gums. It should never be given in currant, or any other jelly; a death having occurred a few years since from the conversion of the calomel given in current jelly, into a bichloride. It is safest to prohibit any acid drink being taken on the day that calomel is given. Ipecac may be given either in the chocolate panada or in honey.

When it is impossible to give any medicinal substance by the mouth, it may be administered by the rectum, taking care first to empty the gut by tepid water or an emollient decoction, and that the bulk of the medicated enema does not exceed from four to six ounces, so that it may be retained and absorbed.

INDUCTION OF PREMATURE LABOR BY UTERINE CATHETERISM.

BY PROF. BRAUN, OF VIENNA.

(From the Nor. Amer. Chir. Reviews.)

Professor Braun, of Vienna, states that he has for several years given a preference to this mode of inducing premature labor; inasmuch as it is very certain, operates rapidly and safely, brings on the pains with gradual energy, gives rise to no ill consequence, such as congestion or injury of the uterus, or detachment of the placenta, and is performed by the simple application of a simple instrument. One disadvantage of the procedure is, that the membranes may become somewhat easily ruptured, especially in primiparæ. In order to prevent this accidental rupture, the author softens in hot water the end of a well-oiled catgut bougie, a foot long, and from two to three lines thick, and passes it along the index finger with a twisting movement to the uterine cavity, until only a portion, equal to two fingers' breadths, remains in the vagina. The bougie so passed always excites pains in from six to twenty hours, does no injury to the membranes, and is to be removed only just before the discharge of the waters, or the

birth of the child. The employment of a gum catheter, having a very thin, flexible stilette, is usually also attended with good effect. Its application is difficult, however, when the vagina is narrow, and deviates from the pelvic axis. During the session 1857–8, Professor Braun employed catheterism twelve times, nine children being born alive, and six dead—three being twin-births. Of the mothers, eight recovered, and four died during the puerperal state, pneumonia, tubercle, and Bright's disease having been respectively the causes of death.

The labor was terminated at an average period of twelve hours after the introduction of the catheter. Brief accounts of these twelve cases were subjoined.

IODIDE OF POTASSIUM AS AN ANTIGALACTIC.

BY PROFESSOR ROUSSET.

We extract the following from the *North American Chirurgical Review*, translated from the *Journal de Bordeaux*.

"The troublesome milk-knots which tend to appear especially at the commencement of lactation, giving rise to fever, inflammation of the breast, and abcesses, indicate a diminution of the secretion of milk by therapeutic means. As the usual measures (emollient cataplasms, dieting, and laxatives) had frequently proved insufficient, the author tried the iodide of potassium. The results were as follows:—The iodide of potassium occasions a considerable decrease of the milk, and in consequence prevents and remove milk-knots, particularly if at the same time the child is put to the breast. The milk returns quickly, if the medicine is not used any longer than two to three days; its effect is more decided if the dose does not exceed forty to fifty centigrammes daily. The secretion of milk can be prevented almost completly if the iodide of potassium is given on the first or second day after delivery. The author gives a full report of seven cases to confirm the above statements.

Editorial.

MYSTICAL MEDICAL POLITICS.

"The editor of the Chicago *Medical Journal*, speaking of the recent stampede of the Southern students from Philadelphia, says, 'if a *political* movement, he should regret it. But if, on the contrary, it was the result of a returning sense of the *mistake* the young gentlemen committed in passing by the schools of their own states, *especially for those of Pennsylvania*, he cannot but commend their judgment.'

"What do the words we have italicized mean? Would the 'mistake' have been less if the young gentlemen had passed by the schools of their own states for the Rush Medical College at Chicago?

"Our confrere is not alone in his wish for a more equal distribution of students, nor in his objections to five hundred being gathered on the seats of a single lecture room, as at Philadelphia. So, also, there are many of the teaching brethren who will join him in 'the hope that hereafter the medical students of the *West* will not be behind those in the *South* in their attachment to the institutions of their own particular *sections!*' But we are sorry to see sectionalism invoked in this connection. It is as bad as 'Helper's book,' which forbids employing Southern physicians. If this be not political, it would puzzle Dr. Brainard to find it. But Philadelphia will survive it; and we see no other way to have it otherwise, than to make a better school in Illinois than they have in Philadelphia."

We extract the above paragraph from a recent number of the *American Medical Gazette*, edited by Dr. D. M. Reese,

on account of the fairness and independence which generally characterize that journal. If the editor had transferred the whole of our article it could not have been supposed that we intended to discriminate against Philadelphia schools.

There is nothing mystical about our views of the matter of medical teaching. We are of the opinion that many students resort to Philadelphia from the regions of St. Louis, Cincinnati, New Orleans, and perhaps New York and Boston, who would be as well intructed in these cities respectively, as they can be in Philadelphia. We look upon such students as making a mistake, and acting under erroneous impressions of the relative advantages of these cities.

If students left the state of Pennsylvania and adjoining states to assemble in classes of four or five hundred each, in New York, we should think the same of their conduct.

We may be mistaken in the relative value of the medical instruction in the cities named, for we have not visited all of them. But until we can see some evidence of this, we adhere to the opinion before expressed, that it is better for students, the profession, and the public, that medical schools should, when well organized and possessed of ample means of instruction, be sustained by patronage of the divisions of the country in which they are situated, and we shall labor to make one school deserving the support of the population of this region.

NOTES OF SURGICAL CASES.

1. Amputation at the Shoulder Joint.—1. Peter M. Curdy, æt. 21 years, entered the Chicago City Hospital, Dec. 12, 1859, with a large tumor of the left arm. He stated that one year previously, in December, 1858, he had a dislocation of the left shoulder, which remained unreduced for eight weeks. From the time of reduction the shoulder remained painful, and in July, 1859, he perceived a hard tumor grow-

ing from the bone, about four inches below the shoulder joint. This increased in size rapidly, until his entrance into the hospital, when it measured 24½ inches in circumference. His general health was good, although the pain resulting from its weight have recently deprived him of sleep.

The operation was performed January, 4, 1860, in the following manner:—

An incision was commenced upon the top of the shoulder, and carried down upon the tumor, then curved forward and carried down to the axilla; a similar incision commencing at the first was carried down behind. Finding the end of the acromon process involved, this was sawn across. The anterior flap was then completed by cutting down into the axilla, and the artery tied immediately below the clavicle. The subclavian artery had been compressed where it passes over the first rib until this part of the operation was completed. The bone was disarticulated and the operation completed as soon as possible. The venous hæmorrhage was copious and six arteries required ligatures.

The patient bore the operation well, and for twelve days no symptoms of a dangerous character were noticed. During the night of the 16th of January, a copious hæmorrhage occurred which so reduced him, that he died about eight hours after.

On dissection the hæmorrhage was found to have occurred from the axillary artery where it was tied. No coagulum had formed within it in consequence of three arteries of considerable size originating near the point of ligature, and passing into the flaps in such a manner as to prevent the formation of an internal coagulum. The wound otherwise was of healthy appearance, and a large part of it had united by first intention and by cicatrization. The tumor seemed to be enchondroma.

2. This was the patient upon whom resection of the head of the humerus was performed November 27th, as reported in the number of this *Journal* for December, 1859.

The patient did well for five weeks, when an aneurismal tumor was perceived below the clavicle. This ruptured and

a copious hæmorrhage occurred through the fistulous openings which still existed at the seat of injury. This was arrested in a degree by compression, and the amputation at the shoulder was performed in the same manner as in the preceding case. The loss of blood, however, had been too great, and the patient survived only about two days and a half.

2. Amputation of the Thigh for disease of the Knee Joint.—Transfusion of Blood.—John Irwin, a patient affected with caries of the knee joint, and extensive suppuration for several months for caries. This patient had been advised and urged strongly to submit to amputation, but declined. When however, it became evident that he was sinking under the disease, he consented, but delayed the operation for ten days, in which to be able to communicate with his friends. When at length, he was prepared for the operation he seemed little likely to survive it. In order to obviate the danger from loss of blood, I had an assistant hold a bowl under the member at the moment of the incision, in order to catch the blood and stir it so as to separate the fibrin. This bowl was placed in another containing water at the tempature of 98°. When the bone had been sawed, and the small vessels secured, the patient appeared to be dying from syncope. I then fixed the the tube of the transfusion syringe into the femoral artery where it had been divided upon the stump, and the syringe at the proper tempature, I charged it with the difibrinated blood which had been actively agitated so as to be of a bright red color, and threw gently into the artery, nearly all the blood which had been secured. A light tremulous movement followed and for about a minute no change was perceived, but at the end of this time the respiration and the action of the heart became more regular, and he was soon as well as before the operation. The blood thrown into the artery was just two ounces.

The points of importance in this operation I conceive to be *having the blood perfectly difibrinated, kept at the tempature of from* 95 *to* 98 *degrees, and thrown in gradually without*

admixture of bubbles of air. The use of difibrinated blood instead of fresh blood thrown from the vein of another person, is made in conformity with the recommendation of Dr. E. Brown Sequard, founded upon numerous experiments on animals.

The choice of the artery instead of a vein for the transfusion, was made for these reasons:—

1. It obviates the danger of fibrinous clots passing to the heart.

2. It diminishes the danger of air bubbles passing to the heart. These are the great dangers of transfusion.

This plan occurred to me as early as 1840, while attending the physiological lectures Magendi, at the college of France. I have often seen him insert the point of a syringe into an artery and when the pressure of the blood had raised the piston, push it down again so as to return the blood into vessels from the syringe without producing thereby any injurious effect upon the animal. Several times since I have seen patients on the point of expiring after amputation and other operations, in which great arteries had been divided, and the advantage of using the blood lost, and the arteries divided for the purposes of transfusion, has each time suggested itself to my mind.—But this was the first case in which the necessity of resorting to it has been so far anticipated as to induce the preparation necessary for carrying the plan into execution. This patient reacted from the effect of the operation, and for one week there seemed a prospect of recovery, but his exhausted condition and the abundant suppuration which took place from the stump, were unfavorable, and he died Jan. 20th, thirteen days after the operation.

3. On the use of Subcataneous Perforation of Bone in Anchylosis of the Knee Joint.—Jan. 2d, Miss House, æt. 16 years, from Kankakee, Ill., presented herself at the clinic for the purpose of being treated for an anchylosis of the left knee. The leg was flexed to about 60 degrees from the straight position, and capable of movement just percepible by

the application of force. The mother stated that two years previously, the knee was attacked by a severe pain, which was followed by swelling of the member from the foot to hip. The pain continued for several months and was regarded as rheumatic.

At present the health is good, and the knee free from pain, swelling, and tenderness.

Treatment.—Jan. 4th, 1860, the patient being under the influence of chloroform, efforts were made to break up the adhesions and flex the leg upon the thigh. Considerable movement of the joint was produced, but the patella seemed firmly fixed to the femur and could not be moved by any force deemed proper to apply.

In order to detach it, the instrument used for subcataneous division of bone, heretofore described in this *Journal*, (see fig. half size) was inserted through the skin on the outside of the patella, and carried between the two bones. At the upper part only, the patella was fixed to the femur by bone. Separation was effected by perforation and by using the instrument as a lever, and the patella was loosened with a snap. The instrument was then withdrawn, the puncture covered with adhesive plaster, compress and roller. The skin was drawn forward the puncture, so that after the wiihdrawal of the instrument, the wound was distant from the external margin of the patella one and a half inches.

Some appearance of ecchymosis followed, but little tenderness. Ten days after, viz: January 13th, 1860, the puncture was healed. The patient was again put under the influence of chloroform and efforts at flexion repeated. This time they

were successful, and with moderate force the leg was bent beyond a right angle and considerably straightened; the patella following the movements. The pain following this treatment was not great. An extending apparatus was applied on the 18th, and gradual extension kept up. At the present time the leg is nearly in a straight position.

This method of detaching the patella from the femur, has not been used before, and is an application of the plan proposed by tho author in the prize essay of the American Medical Association for 1854. It has, however, been used three times in other deformities; viz: first by the author for deformity after fracture of the leg; second, by Professor Paul F. Eve for the same cause; third, by Professor Pancoast for anchylosis of the knee. The result in the first two cases was perfectly successful; that of Professor Pancoast was progressing favorably, when the report was made.

BOOK AND PAMPHLET NOTICES.

THE OBSTETRIC CATECHISM: containing two thousand three hundred and forty-seven Questions and Answers on Obstetrics proper. By JOSEPH WARRINGTON, M. D. One hundred and fifty Illustrations. Philadelphia: J. B. Lipincott & Co. 12mo. Pages, 445.

This little volume is intended as a *vade-mecuum* a reservoir of knowledge, on an important department of the science and art of medicine. The questions are in general well put, and the answers correct; and so long as the book is used as a *test* book, and not as a *text* book, it may be worthy a place in the library of the physician and student.

THE KANSAS CITY MEDICAL AND SURGICAL REVIEW.

We have received the first number of this journal, a periodical of forty-eight pages, published bi-monthly, in Kansas City, Missouri, at $2.00 per annum, in advance. The mechanical execution of this work, commends itself at once to our

notice, and on examination of its table of contents, and the matter of its pages fully sustains the favorable impression that its external appearance produces. It deserves to be amply sustained, and we hope such may be its experience. We hail with pleasure every indication of the "Westward march of Empire."

M. B. Maughs, M. D. and T. S. Case, M. D., are its Editors and Publishers.

To Subscribers.—Correspondents and those sending us their names as subscribers for the *Journal*, will save us much trouble, and insure to themselves prompt attention to any requests contained in their letters, by giving their address in full. So many towns in different States have the same name, that when the name of the State is omitted, we are often entirely at a loss where to mail the *Journal*, or direct answers to letters.

Any subscribers who do not receive the *Journal* regularly, will confer a favor by giving us immediate notice of that fact and if the fault rests with us, it will at once be corrected.

☞ The Rush Medical College Clinic will be continued every Saturday, at 3 o'clock, during the Summer as usual.

All operations performed there gratuitously. The Alumni and friends of the Institution are invited to attend.

Spies and irregular practitioners will be excluded as heretofore

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☞ A valuable communication from Springfield, Ill., on Spine Bifida, has been mislaid. We will feel obliged for another copy.

☞ The article in the January number on *Rhinoplasty* operations, the title of which was omitted, was by the senior editor.

Obituary.—Died at Pecatonica, Winnebago Co., Ill., of typhoid fever, Dr. A. W. Butler, aged 40 years.